Submitter : Dr. David Ungar, DPM

Date: 09/12/2005

Organization : Personal Foot Care

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Ther proposed (incorrect) 2006 figures for APLIGRAF would have a severe negative impact on many of my patients. Please correct the error.

Submitter : Ms. Angela Howard

Date: 09/12/2005

Organization : MedCentral Health System

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

To Whom it May Concern,

The proposed rule CMS-1501-P "Medicare Program, Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2006 Payment Rate" contains errors. The proposed reimbursement rates are 30% below the selling price of both Apligraf and Dermagraft. Reimbursement at the rate would jeopardize patient access to these products and have a very negative impact on the qualtiy of care. Please correct the error in the proposed ruling.

Submitter :

Date: 09/12/2005

Organization : **National Association of Psychiatric Health Systems**

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

See our comments on PARTIAL HOSPITALIZATION

CMS-1501-P-340-Attach-1.PDF

National Association of Psychiatric Health Systems

701 13th Street, NW, Suite 950
Washington, DC 20005-3903
Phone: 202/393-6700
Fax: 202/783-6041
E-mail: naphs@naphs.org
Web: www.naphs.org

VIA OVERNIGHT DELIVERY

September 1, 2005

Mark B. McClellan, M.D., Ph.D., Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1501-P
Mail Stop: C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

RE: CMS-1501-P: Proposed Changes to the Hospital Outpatient PPS

NOTE: "PARTIAL HOSPITALIZATION" COMMENTS

Dear Dr. McClellan,

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) appreciates the opportunity to provide comments on the "Medicare Program: Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2006 Payment Rates" as published in the July 25, 2005, *Federal Register*.

We are specifically providing comments on proposed partial hospitalization program (PHP) and community mental health issues.

About NAPHS

Founded in 1933, NAPHS advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations, including more than 400 specialty hospitals, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, behavioral group practices, and other providers of care. Our members deliver all levels of care, including partial hospitalization services, outpatient services, residential treatment, and inpatient care.

Partial hospitalization – specifically – has long been a level of care offered by NAPHS members. In our most recent *NAPHS Annual Survey*, more than half of all NAPHS members responding offered partial hospitalization services for their communities.

Throughout the years, these NAPHS members have been a stable group of providers working hard to meet a community need. Patients may use partial hospitalization either as a transition from a hospital program or as an alternative to inpatient care.

Providers have serious concerns with proposed partial hospitalization changes.
We are concerned that proposed changes to the outpatient prospective payment system (PPS) could negatively affect the partial hospitalization benefit. Although providers are committed to finding ways to ensure that their patients have access to this essential level of care, partial hospital capacity in the behavioral healthcare system remains a concern. Many partial programs have closed or limited the number of patients they can accept, and fewer partial hospital slots now exist nationwide.

ISSUES OF CONCERN

The current methodology for determining the PHP rate is in flux.
We appreciate the various approaches CMS considered in the 2006 proposed rule in dealing with the complexities of the historical cost data supplied by hospital and community mental health center (CMHC) providers of the partial hospitalization benefit. We agree that the range of data provided by the CMHCs throughout the last five years (with a median per diem cost ranging from a high of $1,037 to a low of $143) has made it difficult to determine actual costs. We are aware of the various strategies CMS has applied in dealing with the CMHC data, including adjusting cost-to-charge ratios, examining the influence of outlier payments, and recognizing the significant drop in the cost per day.

Based on the clinical intensity of the PHP benefit, we do not understand how it could possibly be provided for $143. This figure raises serious questions about the accuracy of the data reported on CMHC cost reports. By regulation, PHPs are required to provide a program of active treatment which includes at least three individualized treatment sessions per day, in addition to appropriate individual therapy and treatment planning. This level of intensity closely mirrors the care provided in an inpatient treatment setting. Were it not for the existence of partial hospitalization, beneficiaries would be hospitalized.

We noted the various ways CMS proposed to deal with the complexities of determining an updated payment rate (such as following the methodology used for the CY 2005 OPPS update, basing the update on hospital-based PHP data alone, or applying different trimming methodologies to CMHC cost data in an effort to eliminate aberrant data and decrease the instability in CMHC data).

We noted the desire of CMS to lessen the PHP payment reduction for CY 2006, so that you can ensure an adequate payment amount and continuing access to the partial hospitalization benefit for Medicare beneficiaries. CMS proposed a reduction of 15% as a way of doing this. The rationale for this reduction (from $289 to $245.65) states that CMS think this will recognize the decrease in the median per diem costs in both the hospital and CMHC data and also reduce the risk of any adverse impact on access to these services that might result from a large single-year rate reduction. CMS further state that you will continue to work with CMHCs to improve their reporting so that payments can be calculated based on better empirical data.

review and revise the various forms and worksheets used by CMHCs to report data. Specifically, CMS should:

a. **Revise the CMHC cost report form (CMS-2088)** to include a field which allows the CMHC to report its Medicare PHP days. The existing worksheet S-7, Part IV (Statistical Data) could be modified to include this new field. This field would be similar to the CMS- 2552-96 worksheet S-2, Part I field in which outpatient "Observation Bed Days" are reported. This information would then be subject to Medicare fiscal intermediary review and validation as part of the cost report desk review and audit process.

b. **Revise settlement worksheet D on the CMS-2088** to include new fields that 1) display the Medicare PHP cost per day and 2) separate PHP reimbursement between outlier and non-outlier reimbursement (since the current cost report form commingles both types of reimbursement). This data will provide CMS and the provider with a quick snapshot of the facility's cost and payment per diem data. This new information will help in the Medicare fiscal intermediary's evaluation of the cost report data if any of the cost or payment PHP per diem amounts appear to be aberrant.

c. **Revise the CMHC Provider Statistical & Reimbursement Report** ("PS&R") Report Type: 76P to include a field which reports actual paid Medicare PHP days. This information can then be used by the provider and fiscal intermediary for the CMHC cost report submission and final settlement.

CONCLUSION

Thank you for your consideration of our comments. We look forward to continuing to work with CMS and HHS to ensure that partial hospital services remain available for the beneficiaries who require this level of care.

Sincerely,

Mark Covall
Executive Director

Submitter : Gladys Cooper **Date:** 09/12/2005

Organization : BCMHC

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

In my opinion, partial hospitalization services provide vital cost saving treatment in lieu of much more expensive inpatient treatment. Additionally, as a psychiatric nurse for almost 30 years, I am convinced persons, who are not a danger to themselves or are not so gravely disabled as to be unable to function without cofinement in an inpatient setting, need skills for living and improvment in their normal surroundings.

Submitter : Mr. Mark Domyahn

Date: 09/12/2005

Organization : Restore Medical

Category : Device Industry

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : Mrs. Melissa Hull **Date:** 09/12/2005

Organization : Harris Methodist-Fort Worth Hospital (THR)

Category : Pharmacist

Issue Areas/Comments

GENERAL

GENERAL

This is the attachment I attempted to affix to temporary comment # 22132, sent 9/9/2005. It is an Excel document copied to Word. Brand names and package descriptions were queried from FirstDataBank database. Comments on dosage size are in blue font; tan background means the code or product is probably obsolete. Again, if the medication descriptions could be standardized more as they are in this document, rather than having "Injection" as the first word in the description in some cases, CMS and the users could identify similar codes more easily. Thanks, MelissaHull@TexasHealth.org

CMS-1501-P-343-Attach-1.DOC

HCPCS	PR 4/05	SI	Description	Brand
J0128	65.74	G	abarelix inj, 10 mg	Plenaxis
J0130	448.22	K	Abciximab inj, 10 mg	Reopro
J1120		N	acetazolamide sodium inj, up to 500 mg	Diamox
Q4075	0.03	K	acyclovir inj, 5 mg	Zovirax
J0135	294.63	K	adalimumab inj, 20 mg	Humira
J0152		B	adenosine inj 30mg, for diagnostic use	Adenoscan
J0150		B	adenosine inj 6mg for therapeutic use (use A9270 for phos)	Adenocard
C9223	12.33	K	adenosine inj 6mg, therap & diagnostc use (PO4-use A9270)	Adenoscan;Adenocard
J0170		N	adrenalin, epinephrine, up to 1 ml ampule	
J0180	121.11	G	agalsidase beta inj, 1 mg	Fabrazyme
J0200		N	alatrofloxacin mesylate inj, 100 mg	Trovan (obsolete-2003)
J9015	763.95	K	Aldesleukin, per SDV (22 mil units)	Proleukin
C9212	394.68	G	alefacept for intramuscular use, per 7.5 mg	Amevive
J0215		B	alefacept inj 0.5mg	Amevive (IM only)
C9211	388.80	G	alefacept, for intravenous use, per 7.5 mg	(IV Amevive is obsolete)
J9010	541.46	K	Alemtuzumab (inj), 10 mg	Campath
J0205	39.22	K	alglucerase inj, per 10 units	Ceredase
J0256	3.72	K	alpha-1-proteinase inhibitor inj, human, 10 mg	Prolastin;Aralast;Zemaira
J0270		B	alprostadil inj, per 1.25 mcg (NOT when self administered)	Prostin VR;Edex;Caverject
J0275		B	Alprostadil urethral suppository (not if self administered)	Muse
J2997	18.04	K	alteplase recombinant inj, 1 mg	Activase;Cathflo
J0207	395.75	K	amifostine inj, 500 mg	Ethyol
J7308	95.03	K	Aminolevulinic acid HCL 20% for topical admin, 354 mg UD	Levulan
J0280		N	aminophyllin inj, up to 250 mg	
J0282	11.00	K	AMIODARONE HYDROCHLORIDE inj, 30 MG	Cordarone
J1320		N	amitriptyline HCl inj, up to 20 mg	
J0300		N	amobarbital inj, up to 125 mg	Amytal
J0288	15.20	K	amphotericin B cholesteryl sulfate complex inj, 10 mg	Amphotec
J0285	20.64	K	Amphotericin B inj, 50 mg	Fungizone,Amphocin
J0287	19.09	K	amphotericin B lipid complex inj, 10 mg	Abelcet
J0289	31.27	K	amphotericin B liposome inj, 10 mg	Ambisome
J0295		N	ampicillin sod/sulbactam sod inj, per 1.5gm	Unasyn
J0290		N	ampicillin sodium inj, 500 mg	Polycillin;Totacillin
J0350	2353.53	K	anistreplase inj, per 30 units	Eminase
J7198	1.29	K	Anti-inhibitor (coagulant cmplx), per f.u.	Autoplex T, Feiba
J7197		N	Antithrombin III (human), per IU	Thrombate III;Atnativ
J8501	4.65	G	Aprepitant, oral, 5 mg	Emend

Q2003	12.51	K	APROTININ INJ, 10,000 KIU	Trasylol
J0395	68.08	K	Arbutamine HCL inj, 1 mg	? Not found in NDDF
C9121	12.45	K	argatroban inj, per 5 mg	Argatroban
J9017	35.20	K	Arsenic trioxide, 1 mg	Trisenox
J9020	54.71	K	Asparaginase, 10,000 units	Elspar
J0460		N	atropine sulfate inj, up to 0.3 mg	
J2910		N	aurothioglucose inj, up to 50 mg	Solganal
C9218	4.19	K	azacitidine inj, per 1 mg	Vidaza
J7500		N	Azathioprine -- oral, 50 mg	Imuran; Azasan
J7501	30.18	K	Azathioprine -- parenteral, 100 mg	
C9436	44.61	K	Azathioprine, parenteral, brand name, per 100 mg	Imuran
Q0144		E	AZITHROMYCIN DIHYDRATE, ORAL CAPS/POWDER, 1 GM Reinstated	Zithromax
J0456		N	azithromycin inj, 500 mg	Zithromax
J0475	10.68	K	baclofen inj, 10 mg	only intrathecal inj avail?
J0476		B	baclofen inj, 50 mcg for intrathecal trial	Lioresal IT (same NDC as C9007)
C9009	37.64	K	Baclofen intrathecal refill kit, per 2000 mcg	Lioresal IT (2000mcg/ml)
C9008	10.21	K	BACLOFEN INTRATHECAL REFILL KIT, PER 500 MCG	Lioresal IT (500mcg/ml)
C9007		N	BACLOFEN INTRATHECAL SCREENING KIT (1 AMP) =50mcg	Lioresal IT (same NDC as J0476)
Q2019	1496.77	K	basiliximab INJ, 20 mg	Simulect
J9031	139.90	K	BCG (intravesical) per instillation	TICE BCG, TheraCys BCG
J0515		N	benztropine mesylate inj, per 1 mg	Cogentin
J0702		N	betamethasone acetate/betamethasone sod phosphate, 3 mg	Celestone Soluspan
J0704		N	betamethasone sodium phosphate, per 4 mg	Celestone Phosphate
J0520		N	bethanechol Cl inj, Myotonachol or Urecholine, up to 5 mg	Urecholine
J9035	57.11	G	bevacizumab inj, 10 mg	Avastin
J0190		N	biperiden lactate inj, per 5 mg	Akineton
J0583	1.52	K	bivalirudin inj 1mg (ck on this one)	Angiomax
J9040	88.32	K	Bleomycin sulfate, 15 units	
C9417	130.56	K	Bleomycin sulfate, brand name, 15 units	Blenoxane
J9041	28.38	G	bortezomib inj, 0.1 mg	Velcade
J0585		K	Botulinum toxin type A, per unit	Botox
J0587		K	Botulinum toxin type B, per 100 units	Myobloc
J0945	59.01	K	brompheniramine maleate inj, per 10 mg	Codimal-A ;CPC-Alahist; Endafed; Rymed
J0592		N	buprenorphine hydrochloride inj, 0.1 mg	Buprenex
C1178	24.35	K	busulfan inj, per 6 mg	Busulfex
J8510	2.08	K	Busulfan; oral, 2 mg	Myleran
J0595	0.94 ?	K	butorphanol tartrate inj 1mg	Stadol
Q2001		E	CABERGOLINE, 0.5 MG ORAL	Dostinex

J0706		N	caffeine citrate inj, 5 mg	Cafcit
J0630		N	calcitonin salmon inj, up to 400 units	Miacalcin
J0636		N	calcitriol inj, 0.1 mcg	Calcijex
J0610		N	calcium gluconate inj, per 10 ml (1gm)	
J0620		N	calcium glycerophosphate/calcium lactate inj, per 10 ml	Calphosan
J8520	2.96	K	Capecitabine, oral, 150 mg	Xeloda
J8521		B	Capecitabine, oral, 500 mg	Xeloda
J9045	129.96	K	Carboplatin, 50 mg	Paraplatin
J9050	65.94	K	Carmustine, 100 mg	
C9437	79.42	K	Carmustine, brand name, 100 mg	BiCNU
J0637	28.78	K	caspofungin acetate inj, 5 mg	Cancidas
J0690		N	cefazolin sodium inj, 500 mg	Kefzol,Ancef
J0692		N	cefepime hydrochloride inj, 500 mg	Maxipime
J0698		N	Cefotaxime sodium inj, per gm	Claforan
J0694		N	cefoxitin sodium inj, 1 gm	Mefoxin
J0713		N	ceftazidime inj, per 500 mg	Fortaz;Tazicef;Tazidime
J0715		N	ceftizoxime sodium inj, per 500 mg	Cefizox
J0696		N	ceftriaxone sodium inj, per 250 mg	Rocephin
J0697		N	cefuroxime sodium inj, per 750 mg	Zinacef;Kefurox
J1890		N	cephalothin sodium inj, up to 1 gram	Keflin
J0710		N	cephapirin sodium inj, up to 1 gm	Cefadyl
J9055	49.66	G	cetuximab inj, 10 mg	Erbitux
J0720		N	chloramphenicol sodium succinate inj, up to 1gm	Chloromycetin
J1990		N	chlordiazepoxide HCl inj, up to 100 mg	Librium
J2400		N	chloroprocaine hydrochloride inj, per 30 ml	Nesacaine
J0390		N	chloroquine hydrochloride inj, up to 250 mg	Aralen
J1205		N	chlorothiazide sodium inj, per 500 mg	Diuril
J3230		N	chlorpromazine HCl inj, up to 50 mg	Thoradol;Thorazine=obs
J0725		N	chorionic gonadotropin inj, per 1,000 USP units	A.P.L.,Chorex,Choron,etc
J0740	407.58	K	cidofovir inj, 375 mg	Vistide
J0743	11.37	K	cilastatin sodium/imipenem inj, per 250 mg	Primaxin
J0744		N	ciprofloxacin for intravenous infusion, 200 mg	Cipro
J9062		B	Cisplatin, 50 mg	
C9418	11.42	K	Cisplatin, powder or solution, brand name, per 10 mg	Platinol
J9060	7.73	K	Cisplatin, powder or solution, per 10 mg	
C9419	36.72	K	cladribine inj, brand name, per 1 mg	Leustatin
J9065	24.84	K	cladribine inj, per 1 mg	
C9129	29.21?	G	clofarabine inj 1mg	Clolar

J0735		N	clonidine hydrochloride inj, 1 mg	Duraclon
J0745		N	codeine phosphate inj, per 30 mg	
J0760		N	colchicine inj, per 1 mg	
J0770		N	colistimethate sod inj, up to 150 mg	Coly-Mycin M
J7304		E	Contraceptive supply, hormone-containing patch, each	
Q2005	353.70	K	CORTICORELIN OVINE TRIFLUTATE INJ, PER DOSE (100MCG? =VIAL)	Acthrel
J0800		N	corticotropin inj, up to 40 units	ACTH,Acthar
J0835		N	cosyntropin inj, per 0.25 mg	Cortrosyn
J9091		B	Cyclophosphamide, 1.0 gram	
J9070	2.77	K	Cyclophosphamide, 100 mg	
J9092		B	Cyclophosphamide, 2.0 gram	
J9080		B	Cyclophosphamide, 200 mg	
J9090		B	Cyclophosphamide, 500 mg	
C9420	4.10	K	Cyclophosphamide, brand name, 100 mg	Cytoxan*; Neosar**
J9096		B	Cyclophosphamide, lyophilized, 1.0 gram	
J9093	2.36	K	Cyclophosphamide, lyophilized, 100 mg	
J9097		B	Cyclophosphamide, lyophilized, 2.0 gram	
J9094		B	Cyclophosphamide, lyophilized, 200 mg	
J9095		B	Cyclophosphamide, lyophilized, 500 mg	
C9421	3.50	K	Cyclophosphamide, lyophilized, brand name, 100 mg	Cytoxan Lyophilized
J8530		N	Cyclophosphamide, oral, 25 mg	Cytoxan
J7502	1.78	K	Cyclosporine, oral, 100 mg	
J7515		N	Cyclosporine, oral, 25 mg	
C9438	1.78	K	Cyclosporine, oral, brand name, 100 mg	Sandimmune;Neoral*;Gengraf**
J7516		N	Cyclosporine, parenteral, 250 mg	Sandimmune
J9098		N	Cytarabine liposome, 10 mg	Depocyt
J9100	1.55	K	Cytarabine, 100 mg	
J9110		B	Cytarabine, 500 mg	
C9422	2.28	K	Cytarabine, brand name, 100 mg	Tarabine, Cytosar-U (obsolete), (Depocyt--see J9098)
J0850	622.13	K	cytomegalovirus immune globulin IV (human), per vial (1gm?)	Cytogam (1gm vial obsolete 2/99; 2.5gm vial avail as of 3/05)
J7070		N	D5W infusion, , 1000 cc	
J9130	6.14	K	Dacarbazine, 100 mg	
J9140		B	Dacarbazine, 200 mg	
C9423	8.15	K	Dacarbazine, brand name, 100 mg	DTIC-Dome
J7513	413.48	K	Daclizumab, parenteral, 25 mg	Zenapax
J9120		N	Dactinomycin, 0.5 mg	Cosmegen
J1645		N	dalteparin sod inj, per 2500 IU	Fragmin
J0878	0.29	G	daptomycin inj, 1 mg	Cubicin

J0880		B	darbepoetin alfa inj, 5 mcg	Aranesp
J9151	56.44	K	Daunorubicin citrate, liposomal formulation, 10 mg	Daunoxome
J9150	35.94	K	Daunorubicin, 10 mg	
C9424	53.14	K	Daunorubicin, brand name, 10 mg	Cerubidine
J0895		N	DEFEROXAMINE MESYLATE inj, 500 MG	Desferal
J9160	1438.80	K	Denileukin diftitox, 300 mcg	Ontak
J1000		N	depo-estradiol cypionate inj, up to 5 mg	Depo-Estradiol
J2597	4.52	K	desmopressin acetate inj, per 1 mcg	dDAVP
J1094		N	dexamethasone acetate, 1 mg	misc "LA" products
J1100		N	DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Decadron,Hexadrol,etc.
C9410	123.93	K	dexrazoxane HCl inj, brand name, per 250 mg	Zinecard
J1190	113.28	K	dexrazoxane hydrochloride inj, per 250 mg	
J7100		N	dextran 40 infusion, 500 ml	Gentran;Rheomacrodex,
J7110		N	dextran 75 infusion, 500 ml	LMD
J7042		N	dextrose 5% /normal saline (500 ml = 1 unit)	
J7060		N	dextrose 5% /water (500 ml = 1 unit)	
J3360		N	diazepam inj, up to 5 mg	Valium
J1730		N	diazoxide inj, up to 300 mg	Hyperstat IV
J0500		N	dicyclomine HCl inj, up to 20 mg	Bentyl,Antispas
J9165	6.98	K	Diethylstilbestrol diphosphate, 250 mg	
C9439	10.32	K	Diethylstilbestrol diphosphate, brand name, 250 mg	Stilphostrol
Q2006	332.00	K	DIGOXIN IMMUNE FAB (OVINE) INJ, PER VIAL	Digibind
J1160		N	digoxin inj, up to 0.5 mg	Lanoxin
J1110		N	dihydroergotamine mesylate inj, per 1 mg	DHE-45
J1240		N	dimenhydrinate inj, up to 50 mg	Dramamine
J0470		N	dimercaprol inj, per 100 mg	BAL in oil
J1200		N	diphenhydramine HCl inj, up to 50 mg	Benadryl
J1245	11.70	K	dipyridamole inj, per 10 mg	Persantine
J1212	53.34	K	DMSO, dimethyl sulfoxide inj, 50%, 50 ml	Rimso-50
J1250		N	dobutamine hydrochloride inj, per 250 mg	Dobutrex
J9170	312.69	K	Docetaxel, 20 mg	Taxotere
J1260	14.38	K	DOLASETRON MESYLATE inj, 10 MG	Anzemet
Q4076	0.80	K	dopamine HCl inj, 40MG	Intropin
J1270		N	doxercalciferol inj, 1 mcg	Hectorol
J9000	4.69	K	Doxorubicin HCl, 10 mg	
C9415	6.94	K	Doxorubicin hCl, brand name, 10 mg	Adriamycin
J9001	343.78	K	Doxorubicin hydrochloride, all lipid formulations, 10 mg	Doxil
J1810		E	droperidol and fentanyl citrate inj, up to 2 ml ampule	Innovar

J1790		N	droperidol inj, up to 5 mg	Inapsine
J3535		E	Drug administered through a metered dose inhaler	
J1180		N	dyphylline inj, up to 500 mg	Dilor
J0600		N	edetate calcium disodium inj, up to 1000mg (EDTA)	Endrate;Cal Disod Versenate
J3520		E	Edetate disodium per 150 mg	Disodium Edetate
Q2002	1.50	K	ELLIOTTS B SOLUTION INJ, PER ML (intrathecal)	NDC = 67871000710
J1650		N	enoxaparin sod inj, 10 mg	Lovenox
J9178	24.14	K	epirubicin HCL inj, 2 mg	Ellence
Q0136	11.09	K	epoetin alpha inj, (for non ESRD use), per 1,000 units	Epogen; Procrit
J1325	15.78	K	epoprostenol inj, 0.5 mg	Flolan
J1327	11.21	K	eptifibatide inj, 5 mg	Integrilin
J1330		N	ergonovine maleate inj, up to 0.2 mg	Ergotrate
J1335		N	ertapenem sodium inj 500mg	Invanz
J1364		N	erythromycin lactobionate inj, per 500 mg	Erythrocin
J1380		N	estradiol valerate inj, up to 10 mg	Delestrogen; Estro Span
J1390		N	estradiol valerate inj, up to 20 mg	Valergen; Edrogen
J0970		N	estradiol valerate inj, up to 40 mg	
J1410	45.51	K	estrogen conjugated inj, per 25 mg	Premarin
J1435		N	estrone inj, per 1 mg	multiple products
J1438	135.56	K	etanercept inj, 25 mg (not for use when self administered)	Enbrel
Q2007	63.29	K	ETHANOLAMINE OLEATE INJ, 100 MG	Ethamolin
J1436		N	etidronate disodium inj, per 300 mg	Didronel
J9181	0.83	K	Etoposide, 10 mg (inj)	
J9182		B	Etoposide, 100 mg (inj)	
C9425	1.22	K	Etoposide, brand name, 10 mg	Vepesid, Etopophos
J8560	21.91	K	Etoposide, oral, 50 mg	
C9414	25.71	K	Etoposide, oral, brand name, 50 mg	Vepesid
J7193	0.98	K	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Alphanine, Mononine
J7195	0.98	K	Factor IX (antihemophilic factor, recombinant) per IU	Benefix
J7194	0.32	K	Factor IX complex, per IU	Konyne,Profilnine,Proplex
Q0187	1410.34	K	Factor VIIa (coagulation factor, recombinant) per 1.2 mg	Novoseven
J7190	0.76	K	Factor VIII (anti-hemophilic factor, human), per IU	Alphanate,Koate,Monarc,Monoclate,Hemofil
J7191	1.78	K	Factor VIII (anti-hemophilic factor, porcine), per IU	Hyate:C
J7192	1.10	K	Factor VIII (anti-hemophilic factor, recombinant), per IU	Advate,Genarc,Helixate,Kogenate,Recombinate,Bioclate,Refacto
J7199		B	Factor, Hemophilia clotting, not otherwise classified	
J3010		N	fentanyl citrate inj, 0.1 mg	Sublimaze
J1440	162.41	K	filgrastim (G-CSF) inj, 300 mcg	Neupogen
J1441	274.40	K	filgrastim (G-CSF) inj, 480 mcg	Neupogen

J9200	66.24	K	Floxuridine, 500 mg	
C9426	97.92	K	Floxuridine, brand name, 500 mg	FUDR
J1450		N	fluconazole inj, 200 mg	Diflucan
J9185	311.09	K	Fludarabine phosphate, 50 mg	Fludara
C9225	?	?	Fluocinolone acetonide intravitreal implant, per 0.59mg (new 10/05)	Retisert
J9190		N	Fluorouracil, 500 mg	Adrucil
J2680		N	fluphenazine decanoate inj, up to 25 mg	generic only
Q2008	10.04	K	fomepizole inj, 15 mg	Antizol
J1452	939.79	K	FOMIVIRSEN SODIUM inj, INTRAOCULAR, 1.65 MG	Vitravene
J1652		N	fondaparinux sod inj, 0.5 mg	Arixtra
J1455	11.80	K	foscarnet sodium inj, per 1000 mg	Foscavir
Q2009	5.31	K	FOSPHENYTOIN INJ, 50 MG	Cerebyx
J9395	79.65	K	fulvestrant inj, 25 mg	Faslodex
J1940		N	furosemide inj, up to 20 mg	Lasix
J1457	1.28	K	gallium nitrate inj, 1 mg	Ganite
C9224	?	?	Galsulfase inj, per 5mg (effective 10/05)	Naglazyme
J1460	31.63	K	gamma globulin, intramuscular, 1 cc	Gammar, Gamastan, Baygam
J1550		B	gamma globulin, intramuscular, 10 cc	
J1470		B	gamma globulin, intramuscular, 2 cc	
J1480		B	gamma globulin, intramuscular, 3 cc	
J1490		B	gamma globulin, intramuscular, 4 cc	
J1500		B	gamma globulin, intramuscular, 5 cc	
J1510		B	gamma globulin, intramuscular, 6 cc	
J1520		B	gamma globulin, intramuscular, 7 cc	
J1530		B	gamma globulin, intramuscular, 8 cc	
J1540		B	gamma globulin, intramuscular, 9 cc	
J1560		B	gamma globulin, intramuscular, over 10 cc	
J1570		N	ganciclovir sodium inj, 500 mg	Cytovene
J7310		N	Ganciclovir, 4.5 mg, long-acting implant	Vitrasert
J1590		N	gatifloxacin inj, 10 mg	Tequin
J8565		E	Gefitinib, oral, 250 mg	Iressa
J9201	105.73	K	Gemcitabine HCL, 200 mg	Gemsar
J9300	2285.18	K	Gemtuzumab ozogamicin, 5 mg	Mylotarg
J1580		N	gentamicin, Garamycin inj, up to 80 mg	Garamycin
J1595		N	Glatiramer acetate inj 20mg	Copaxone
J1610	46.16	K	glucagon hydrochloride inj, per 1 mg	Glucagen
J1600		N	gold sodium thiomalate inj, up to 50 mg	Myochrysine;Aurolate
C9435	17.08	K	gonadorelin HCl inj, brand name, per 100 mcg	Factrel

J1620	17.08	K	gonadorelin hydrochloride inj, per 100 mcg	Lutrepulse
J9202	390.09	K	Goserelin acetate implant, per 3.6 mg	Zoladex
J1626	16.20	K	granisetron hydrochloride inj, 100 mcg	Kytril
J1631		N	haloperidol decanoate inj, per 50 mg	Haldol Decanoate
J1630		N	haloperidol inj, up to 5 mg	Haldol
Q2011	6.47	K	HEMIN INJ, PER 1 MG	Panhematin
J1642		N	heparin sodium inj (Heparin Lock Flush), per 10 units	
J1644		N	heparin sodium inj, per 1000 units	
C9105	118.32	K	HEPATITIS B IMMUNE GLOBULIN inj, PER 1 ML	H-BIG;Bayhep B;Nabi-HB
Q2020		E	HISTRELIN ACETATE INJ, 10 MCG	Supprelin
J7317	53.94	K	Hyaluronate (Sod) per 20-25 mg dose for intra-articular inj	
C9413	53.94	K	hyaluronate sod per 20-25 mg dose for intra-articular inj, brand name	Hyalgan 20mg, Supartz 25mg syringes
C9220	200.13	G	hyaluronate sod per 30 mg dose, for intra-articular injection	Only Orthovisc comes in 30mg size
J3470		N	hyaluronidase inj, up to 150units	Amphadase, Vitrase (Wydase is obsolete)
J0360		N	hydralazine HCl inj, up to 20 mg	Apresoline
J1700		N	hydrocortisone acetate inj, up to 25 mg	
J1710		N	hydrocortisone sod phosphate inj, up to 50 mg	
J1720		N	hydrocortisone sodium succinate inj, up to 100 mg	Solu-Cortef
J1170		N	hydromorphone inj, up to 4 mg	Dilaudid
J3410		N	hydroxyzine HCl inj, up to 25 mg	Vistaril
J7320	203.70	K	Hylan G-F 20, 16 mg, for intra articular injection	Synvisc
J1980		N	hyoscyamine sulfate inj, up to 0.25 mg	Levsin
J1742	123.79	K	ibutilide fumarate inj, 1 mg	Corvert
J9211	66.58	K	Idarubicin hydrochloride, 5 mg	
C9429	66.58	K	Idarubicin hydrochloride, brand name, 5 mg	Idamycin
C9427	90.80	K	Ifosfamide, brand name, 1 gm	Ifex
J9208	72.81	K	Ifosfamide, per 1 gm	
J1785	3.91	K	imiglucerase inj, per unit	Cerezyme
J1563		E	Immune globulin IV (code deleted 3/31/05)	
Q9941	80.68	K	immune globulin, intravenous, lyophilized, 1 G	Gammar,Carimune,Panglobulin,Venoglobulin-I
Q9942	0.75	K	immune globulin, intravenous, lyophilized, 10 mg	Gammagard,Iveegam,Polygam
Q9943	80.68	K	immune globulin, intravenous, non-lyophilized, 1 G	Flebogamma,Gamunex,Octagam
Q9944	0.75	K	immune globulin, intravenous, non-lyophilized, 10 mg	Gamimune,Venoglobulin-S
J7599		N	immunosuppressive drug, not otherwise classified	
J1745	57.40	K	infliximab inj, 10 mg	Remicade
J1815		N	insulin inj, per 5 units	
J9213	30.48	K	Interferon alfa-2A, recombinant, 3 million units	Roferon-A
J9214	13.00	K	Interferon alfa-2B, recombinant, 1 million units	Intron-A

J9212		N	interferon alfacon-1 inj, recombinant, 1 mcg	Infergen
J9215	8.17	K	interferon alfa-N3 (human leukocyte derived) 250,000 IU	Alferon N
Q3025	74.44	K	interferon beta-1a inj, 11 mcg, intramuscular	Avonex (supplied only as 30mcg)
Q3026		E	interferon beta-1a inj, 11 mcg, subcutaneous	Rebif
J1826		E	interferon beta-1a inj, 33 mcg	Avonex (supplied only as 30mcg), Rebif
J1830	58.73	K	interferon beta-1b inj, per 0.25 mg (NOT when self-administered)	Betaseron (supplied only as 0.3mg vial)
J9216	264.18	K	interferon gamma 1-B, 3 million units	Actimmune (supplied as 2 mil unit vial)
J9206	127.33	K	irinotecan, 20 mg	Camptosar
J1750	14.78	K	iron dextran inj, 50 mg	Infed, Dexferrum
J1756	0.53	K	iron sucrose (complex) inj, 1 mg	Venofer
Q2004		N	IRRIG SOLN FOR TX OF BLADDER CALCULI,PER 500 ML	Renacidin
J1835	42.10	K	itraconazole inj, 50 mg	Sporanox
J1840		N	kanamycin sulfate inj, up to 500 mg	Kantrex
J1850		N	kanamycin sulfate inj, up to 75 mg	
J1885		N	ketorolac tromethamine inj, per 15 mg	Toradol
J3570		E	Laetrile, amygdalin, vitamin B-17	
J1931	22.74	G	laronidase inj, 0.1 mg	Aldurazyme
Q2021	130.30	K	LEPIRUDIN INJ, 50 MG	Refludan
J0640		N	leucovorin calcium inj, per 50 mg	Wellcovorin
J9217	543.72	K	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot
J9219	4717.72	K	Leuprolide acetate implant, 65 mg	Viadur
J1950	451.98	K	leuprolide acetate inj (for depot suspension), per 3.75 mg	Lupron Depot
C9430	21.41	K	Leuprolide acetate, brand name, per 1 mg	Lupron, Eligard
J9218	14.48	K	Leuprolide acetate, per 1 mg	(generic)
J1955		B	levocarnitine inj, per 1 gm	Carnitor
J1956		N	levofloxacin inj, 250 mg	Levaquin
J7302		E	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Mirena System?
J1960		N	levorphanol tartrate inj, up to 2 mg	Levo-Dromoran
J2010		N	lincomycin HCl inj, up to 300 mg	Lincocin
J2020	32.15	K	linezolid inj, 200 mg	Zyvox
J2060		N	lorazepam inj, 2 mg	Ativan
J7504	243.50	K	Lymphocyte immune globulin/antithymocyte globulin,equine,250mg	Atgam
J7511	312.41	K	Lymphocyte immune globulin/antithymocyte globulin,rabbit,25 mg	Thymoglobulin
J3475		N	magnesium sulfate inj,per 500 mg	
J2150		N	mannitol inj, 25% in 50 ml	
J9230		N	Mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mustargen
J1056		E	medroxyprogesterone acet/estradiol cypionate inj, 5mg/25mg	
J1055		E	medroxyprogesterone acetate inj for contraceptive use, 150mg	

J1051	17.56	K	medroxyprogesterone acetate inj, 50 mg	Depo-Provera
J9245	367.03	K	melphalan hydrochloride inj, 50 mg	Alkeran
J8600		N	Melphalan, oral 2 mg	Alkeran
J2175		N	meperidine hydrochloride inj, per 100 mg	Demerol
J2180		N	meperidine/promethazine HCl inj, up to 50 mg (OBS?)	Meperigan (obsolete brand)
J0670		N	mepivacaine hydrochloride inj, per 10 ml	Carbocaine;Polocaine
J2185	3.48	K	Meropenem inj 100mg	Merrem
J9209	17.66	K	Mesna, 200 mg	
C9428	23.79	K	Mesna, brand name, 200 mg	Mesnex
J0380		N	metaraminol bitartrate inj, per 10 mg	Aramine
J7674	0.40	K	Methacholine Cl admin as inhal soln via nebulizer, per 1mg	Provocholine
J1230	13.32	K	methadone HCl inj, up to 10 mg	Dolophine
J2800		N	methocarbamol inj, up to 10 ml	Robaxin
J9250		N	Methotrexate sodium, 5 mg	Folate, Mexate
J9260		B	Methotrexate sodium, 50 mg	Folate, Mexate
J8610		N	Methotrexate, oral, 2.5 mg	Rheumatrex; Trexall
J0210		N	methyldopate HCl inj, up to 250 mg	Aldomet
J2210		N	methylergonovine maleate inj, up to 0.2 mg	Methergine
J1020		N	methylprednisolone acetate inj, 20 mg	Depo-Medrol
J1030		N	methylprednisolone acetate inj, 40 mg	
J1040		N	methylprednisolone acetate inj, 80 mg	
J7509		N	Methylprednisolone oral, per 4 mg	
J2930		N	methylprednisolone sod succinate inj, up to 125 mg	Solu-Medrol
J2920		N	methylprednisolone sod succinate inj, up to 40 mg	
J2765		N	metoclopramide HCl inj, up to 10 mg	Reglan
J2250		N	midazolam hydrochloride inj, per 1 mg	Versed
J2260	8.22	K	milrinone lactate inj, 5 MG	Primacor
J9290		B	Mitomycin, 20 mg	
J9291		B	Mitomycin, 40 mg	
J9280	30.91	K	Mitomycin, 5 mg	
C9432	45.70	K	Mitomycin, brand name, 5 mg	Mutamycin
J9293	313.96	K	mitoxantrone hydrochloride inj, per 5 mg	Novantrone
J2275		N	morphine sulf inj (preservative-free soln), per 10 mg	Astramorph PF
J2271		N	morphine sulfate inj, 100 mg	
J2270		N	morphine sulfate inj, up to 10 mg	
J2280	4.15	K	moxifloxacin inj 100mg	Avelox
J7505	747.31	K	MUROMONAB-CD3, PARENTERAL, 5 MG	Orthoclone OKT-3
J7517	2.46	K	Mycophenolate mofetil, oral, 250 mg	CellCept

J7518	2.42	G	Mycophenolic acid, oral, 180 mg	Myfortic
J2300		N	nalbuphine hydrochloride inj, per 10 mg	Nubain
J2310		N	naloxone hydrochloride inj, per 1 mg	Narcan
J2321		N	nandrolone decanoate inj, up to 100 mg	Anabolin LA,
J2322		N	nandrolone decanoate inj, up to 200 mg	Deca-Durabolin,etc
J2320		N	nandrolone decanoate inj, up to 50 mg	
J3530	92.41	K	Nasal vaccine inhalation	Flumist?
Q4079	6.39	G	natalizumab inj, per 1 mg	Tysabri (obs)
J2710		N	neostigmine methylsulfate inj, up to 0.5 mg	Prostigmin
J2324	66.23	K	nesiritide inj, 0.25 mg	Natrecor
J9999		N	Not otherwise classified, antineoplastic drugs	
J2353	69.44	K	octreotide inj, depot, 1mg for IM use	Sandostatin
J2354	3.72	K	octreotide inj, non-depot, 25mcg SC/ IV use	Sandostatin
J2357	15.69	G	omalizumab inj, 5 mg	Xolair
J2405	5.54	K	ondansetron hydrochloride inj, per 1 mg	Zofran
Q0179	26.12	K	Ondansetron oral, 8mg, only with chemo	Zofran
J2355	258.51	K	Oprelvekin inj, 5 mg	Neumega
J2360		N	orphenadrine citrate inj, up to 60 mg	Norflex;Blanex;Flexoject
J2700		N	oxacillin sodium inj, up to 250 mg	Prostaphlin;Bactocill
J9263		B	oxaliplatin inj, 0.5 mg	Eloxatin
C9205	82.53	G	oxaliplatin inj, per 5 mg	Eloxatin
J2410		N	oxymorphone HCl inj, up to 1 mg	Numorphan
J2460		N	oxytetracycline HCl inj, up to 50 mg	Terramycin
J2590		N	oxytocin inj, up to 10 units	Pitocin
C9127	8.44	G	paclitaxel protein bound particles, per 1 mg inj	Abraxane
J9265	79.04	K	Paclitaxel, 30 mg	Onxol
C9431	93.50	K	Paclitaxel, brand name, 30 mg	Taxol
C9003	576.51	K	PALIVIZUMAB-RSV-IGM, PER 50 MG	Synagis
J2469	18.09	G	palonosetron HCl inj, 25 mcg	Aloxi
C9411	160.65	K	pamidronate disodium inj, brand name, per 30 mg	Aredia
J2430	128.74	K	pamidronate disodium inj, per 30 mg	
C9113		N	PANTOPRAZOLE SODIUM inj, PER VIAL	Protonix
J2440		N	papaverine HCl inj, up to 60 mg	
J2501		N	paricalcitol inj, 1 mcg	Zemplar
Q2012		N	PEGADEMASE BOVINE INJ, 25 IU	Adagen
C9128	1054.70	G	pegaptanib sodium inj, per 0.3 mg	Macugen
J9266	1247.08	K	Pegaspargase, per single dose vial	Oncaspar
J2505	2448.50	K	pegfilgrastim inj 6mg	Neulasta

J9305	40.54	G	pemetrexed inj, 10 mg	Alimta
J0580		N	penicillin G benzathine inj, up to 2,400,000 units	Bicillin L-A
J0570		N	penicillin G benzathine, up to 1,200,000 units	Bicillin L-A
J0560		N	penicillin G benzathine, up to 600,000 units	Bicillin L-A
J0540		N	penicillin G benzathine+penicillin G procaine,up to 1,200,000 uts	Bicillin C-R
J0550		N	penicillin G benzathine+penicillin G procaine,up to 2,400,000 uts	Bicillin C-R
J0530		N	penicillin G benzathine+penicillin G procaine,up to 600,000 uts	Bicillin C-R
J2540		N	penicillin G potassium inj, up to 600,000 units	Pfizerpen
J2510		N	penicillin G procaine aqueous inj, up to 600,000 units	Crysticillin
Q2013	131.99	K	PENTASTARCH INJ 10%, PER 100 ML	Pentaspan
J3070		N	pentazocine inj, 30 mg	Talwin
J2515		N	pentobarbital sodium inj, per 50 mg	Nembutal
J9268	1683.24	K	Pentostatin, per 10 mg	Nipent
J3310		N	perphenazine inj, up to 5 mg	(OBS)
J2560		N	phenobarbital sodium inj, up to 120 mg	Luminal
J2760	20.82	K	phentolamine mesylate inj, up to 5 mg	generic only
J2370		N	phenylephrine HCl inj, up to 1 ml	Neo-Synephrine
J1165		N	phenytoin sodium inj, per 50 mg	Dilantin
J3430		N	phytonadione (vitamin K) inj, per 1mg	Aqua-Mephyton
J2543		N	piperacillin sod/tazobactam sod inj, 1gm/0.125gm (1.125gm)	Zosyn
J9270	93.80	K	Plicamycin, 2.5 mg	Mithracin
J9600	2274.78	K	Porfimer sodium, 75 mg	Photofrin
J3480		N	potassium chloride inj, per 2 mEq	
J2730		N	pralidoxime chloride inj, up to 1 gm	Protopam
J2650		N	prednisolone acetate inj, up to 1 ml	Predicort
J7510		N	Prednisolone oral, per 5 mg	Delta-Cortef
J7506		N	Prednisone, oral, per 5mg	
J8999		B	Prescription drug, oral, chemotherapeutic, NOS	
J8499		E	Prescription drug, oral, non chemotherapeutic, NOS	
J2690		N	procainamide HCl inj, up to 1 gm	Pronestyl
J0780		N	prochlorperazine inj, up to 10 mg	Compazine
J2675		N	progesterone inj, per 50 mg	Prolution
J2950		N	promazine HCl inj, up to 25 mg	(Sparine inj=obsolete)
J2550		N	promethazine HCl inj, up to 50 mg	Phenergan
J1800		N	propranolol HCl inj, up to 1 mg	Inderal
J2720		N	protamine sulfate inj, per 10 mg	generic only
J2725	40.81	K	protirelin inj, per 250 mcg	Thyrel TRH
J3415	2.85	K	pyridoxine HCl inj 100mg	

J2770		N	quinupristin/dalfopristin inj, 500 mg (150/350)	Synercid
J2780		N	ranitidine hydrochloride inj, 25 mg	Zantac
J2783	107.19	G	rasburicase inj 0.5mg	Elitek
J1565	16.55	K	respiratory syncytial virus immune globulin, IV, 50 mg	Respigam
J2993	1192.09	K	reteplase inj, 18.1 mg	Retavase
J2790		N	Rho d immune globulin inj, human, full dose, 300 mcg	Rhogam;Bayrho-D
J2788	30.38	K	Rho d immune globulin inj, human, minidose, 50 mcg	Micrhogam
J2792	17.95	K	Rho d immune globulin, IV, human, solvent detergent, 100 IU	Winrho
J7120		N	Ringers lactate infusion, up to 1000 cc	
J2794	4.63	G	risperidone inj, long acting, 0.5 mg	Risperdal
J9310	437.83	K	Rituximab, 100 mg	Rituxan
J2795		N	ropivacaine hydrochloride inj, 1 mg	Naropin
J7030		N	saline (NS) infusion solution, 1000 cc	
J7050		N	saline (NS) infusion solution, 250cc	
J7040		N	saline (NS) infusion, solution, sterile (500 ml = 1 unit)	
J7130		N	Saline Hypertonic solution, 50 or 100 meq/20cc vial	
J7051		N	saline or water Sterile, up to 5cc	
J2820	25.39	K	sargramostim (GM-CSF)inj, 50 mcg	Leukine
Q2014		N	SERMORELIN ACET INJ, 0.5MG (0.5mg amp obs; diagnostic 50mcg)	Geref
J7520	6.23	K	SIROLIMUS, ORAL, 1 MG	Rapamune
J2916	6.03	K	Sod ferric gluconate complex in sucrose inj, 12.5 mg	Ferrlecit
J2912		N	sodium chloride inj, 0.9%, per 2 ml	
J2940		N	somatrem inj, 1 mg	Protropin - obs
J2941	280.87	K	somatropin inj, 1 mg	Genotropin,Serostim,etc
J3320		N	spectinomycin dihydrochloride inj, up to 2gm	Trobocin
J2995	43.41	K	streptokinase inj, per 250,000 IU	Streptase
J3000		N	streptomycin inj, up to 1 gm	
J9320		N	Streptozocin, 1 gm	Zanosar
J0330		N	succinylcholine chloride inj, up to 20 mg	Anectine,Quelicin,Sucostrin,Sux-Cert
J3030		N	sumatriptan succinate inj, 6 mg (NOT if self-administered)	Imitrex
J7507	3.05	K	Tacrolimus, oral, per 1 mg	Prograf
J7525		N	TACROLIMUS, PARENTERAL, 5 MG	Prograf
J8700	6.42	K	TEMOZOLOMIDE, ORAL, 5 MG	Temodar
J3100	2350.98	K	tenecteplase inj, 50 mg	Tnkase
Q2017	224.94	K	TENIPOSIDE INJ, 50 MG	Vumon
J3105		N	terbutaline sulfate inj, up to 1 mg	Brethine
J3110		B	teriparatide inj, 10 mcg	Forteo
J1070		N	testosterone cypionate inj, up to 100 mg	Depo-Testosterone

J1080		N	testosterone cypionate, 1 cc, 200 mg	Depo-Testosterone
J1060		N	testosterone cypionate/estradiol cypionate inj, up to 1 ml	generic only (Depo-Testadiol is obsolete)
J3120		N	testosterone enanthate inj, up to 100 mg	Delatestryl
J3130		N	testosterone enanthate inj, up to 200 mg	Delatestryl
J0900	38.27	K	testosterone enanthate/estradiol valerate inj, up to 1 cc	Deladumone
J3150		N	testosterone propionate inj, up to 100 mg	(generic)
J3140		N	testosterone susp inj, up to 50 mg	
J1670		N	tetanus immune globulin inj, human, up to 250 units	Hyper-Tet
J0120	99.99	K	tetracycline inj, up to 250 mg	
J2810		N	theophylline inj, per 40 mg	
J3411	0.68	K	thiamine HCl inj 100mg	
J3280		N	thiethylperazine maleate inj, up to 10 mg	Torecan
J9340	45.31	K	Thiotepa, 15 mg	generic only
C9433	66.98	K	Thiotepa, brand name, 15 mg	Thioplex=obsolete
J3240	699.60	K	thyrotropin alpha inj, 0.9 mg, provided in 1.1 mg vial	Thyrogen
J1655		N	tinzaparin sod inj, 1000 IU	Innohep
J3246	8.24	K	tirofiban HCl inj, 0.25mg	Aggrastat
J3260		N	tobramycin sulfate inj up to 80 mg	Nebcin
J2670		N	tolazoline HCl inj, up to 25 mg	(Priscoline = OBS)
J9350	697.76	K	Topotecan, 4 mg	Hycamtin
J3265		N	torsemide inj, 10 mg/ml	Demadex
J9355	50.79	K	Trastuzumab, 10 mg	Herceptin
Q4077	54.02	K	treprostinil inj, 1 mg	Remodulin
J3301		N	triamcinolone acetonide inj, per 10 mg	Kenalog
J3302		N	triamcinolone diacetate inj, per 5 mg	Aristocort Forte,Intralesional
J3303		N	triamcinolone hexacetonide inj, per 5 mg	Aristospan
J3400		N	trifluoperazine HCl inj, up to 20 mg	Vesprin-OBS
J3250		N	trimethobenzamide HCl inj, up to 200 mg	Tigan
J3305	142.50	K	trimetrexate glucuronate inj, per 25 mg	Neutrexin
J3315	362.78	K	triptorelin pamoate inj, 3.75 mg	Trelstar
J3590		N	Unclassified biologics	
J3490		N	Unclassified drugs	
C9399		A	Unclassified drugs or biologicals	
J3350	69.74	K	urea inj, up to 40 gm	Ureaphil-OBS
Q2018	56.59	K	UROFOLLITROPIN INJ, 75 IU	Bravelle,Fertinex,Metrodin
J3364		N	urokinase inj, 5000 IU vial	Abbokinase
J3365	124.64	K	Urokinase IV inj, 250,000 IU vial	Abbokinase
J9357		N	Valrubicin, intravesical, 200 mg	Valstar

J3370		N	vancomycin HCl inj, 500 mg	Vancocin
J3396	8.49	K	verteporfin inj, 0.1 mg	Visudyne
J9360		N	Vinblastine sulfate, 1 mg	Velstar (Velban-OBS)
J9370		N	Vincristine sulfate, 1 mg	generic only
J9375		B	Vincristine sulfate, 2 mg	(Oncovin-OBS)
J9380		B	Vincristine sulfate, 5 mg	
C9440	74.84	K	Vinorelbine tartrate, brand name, per 10 mg	Navelbine
J9390	52.78	K	Vinorelbine tartrate, per 10 mg	
J3420		N	vitamin B-12 cyanocobalamin inj, up to 1000 mcg	Rubramin-PC, etc
Q2022	0.83	K	VON WILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	Humate-P
J3465	4.55	K	voriconazole inj 10mg	Vfend
C9226	?	?	Ziconotide inj for intrathecal infusion, per 5mcg (new 10/05)	Prialt
J3485		N	ZIDOVUDINE INJ, 10 MG	Retrovir
J3486	19.28	G	Ziprasidone mesylate inj 10mg	Geodon
J3487	197.87	K	zoledronic acid inj, 1 mg	Zometa

Boston Scientific

Randel E. Richner
Vice President
Government Affairs and
Reimbursement & Outcomes
Planning

1331 Pennsylvania Avenue, NW
Suite 550 South
Washington, DC 20004

BY ELECTRONIC SUBMISSION

September 12, 2005

The Honorable Mark McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2006 Payment Rates (CMS-1501-P)

Dear Administrator McClellan:

Boston Scientific Corporation (Boston Scientific) and Advanced Bionics Corporation (a Boston Scientific company) welcome the opportunity to comment on the Centers for Medicare and Medicaid Services's (CMS's) Proposed Changes to the Hospital Outpatient Prospective Payment System (OPPS) and Calendar Year (CY) 2006 Payment Rates (CMS-1501-P, Federal Register, Vol. 70 , No. 141, July 25, 2005).

As the world's largest company dedicated to the development, manufacturing, and marketing of less-invasive therapies, Boston Scientific supplies medical devices and technologies used by the following medical specialty areas, many of which provide beneficiary care in the hospital outpatient department setting:

- Electrophysiology;
- Endoscopy;
- Gastroenterology;
- Gynecology;
- Interventional Cardiology;
- Neuromodulation;
- Neurovascular;
- Oncology;
- Peripheral Interventions;
- Urology; and
- Vascular Surgery.

We are writing to comment on CMS proposals in the CY2006 OPPS Proposed Rule that have important implications for hospitals and their continued ability to offer Medicare beneficiaries the latest advances in outpatient clinical care. Attached to this letter please find our detailed comments (**Attachment A**), which address multiple topics pertaining to proposed payment changes for devices including device-dependent APCs, APCs of particular interest to Boston Scientific and policies related to new technology APCs and pass-through device categories. Below is a top-line summary of key issues and policy recommendations with page references to our attached detailed comments.

Device-Dependent APC Concerns (Section I – pages 1-5)
Boston Scientific remains supportive of packaging device costs to calculate payment rates under the prospective payment system for hospital outpatient services. However, we are very concerned about the continued inaccurate reflection of device-related costs in the claims data upon which APC payment rates are based. Hospitals' inconsistent billing practices and underreporting of c-codes, charge compression, CMS's inconsistent use of external data and heavy reliance on "single procedure" and "pseudo single" claims all compromise CMS's ability to set valid payment rates that do not fluctuate widely from year to year. CY2006 rate-setting based on CY2004 claims (where c-code reporting for devices was optional) poses a unique set of challenges for accurate accounting of device-related procedural costs during this rulemaking cycle.

While we appreciate that CMS conducted a detailed analysis to examine policy options for mitigating significant rate cuts facing device-dependent APCs for CY2006, we have serious concerns about CMS adjusting cost medians downward for 10 device-dependent APCs to 85% of respective cost medians for CY2005. We believe the magnitude of this reduction is too steep. Thus, for CY2006, we urge CMS to implement the recommended APC-specific adjustments described in our detailed comments (and summarized below), or alternatively, to set rates for these APCs at no less than 100% of CY2005 payment rates plus inflation and other update factors applied to all APCs. Beyond CY2006, we urge CMS to implement alternative rate-setting methodologies that more accurately and adequately reflect the costs associated with these and other device-related procedures that would be not be addressed by CMS's proposed policies.

Of particular concern to us are the median cost adjustments proposed for four device-dependent APCs – ***Implantation of Neurological Device*** **(APC 0222); Level VI** ***Ear, Nose and Throat Procedures*** **(APC 0259),** ***GI Procedures with Stents*** **(APC 0384);** and ***Cardiac Electrophysiologic Recording/Mapping*** **(APC 0087).**

For APCs 0222, 0259, and 0384, we recommend CMS make the following APC-specific adjustments:

- APC 0222 and APC 0259: We urge CMS to accept and utilize external data in recalculating the relative weights for these two APCs.

- APC 0384: We urge CMS to recalculate relative weights using only those claims where a c-code was reported as recommended by the APC Panel on August 18, 2005. We disagree with the APC Panel's proposal and rationale to reassign *Endoscopic Retrograde Cholangiaopancreatography (ERCP)* procedures from APC 0384 to a newly created APC

just for these procedures, and recommend that CMS maintain the current configuration for APC 0384 for CY2006. In the event that CMS decides to create a new APC for ERCP, we recommend that only those claims where c-codes were reported be used for calculating the median cost to set the new APC rate.

If the APC-specific adjustments cannot be implemented in the final rule using the alternative methodologies recommended above, we request that CY2006 rates for these specific APCs be set at no less than 100% of CY 2005 rates plus inflation and other update factors applied to all APCs.

For APC 0087, we also request that CMS set the CY2005 payment rate at no less than 100% of CY2005 rates plus inflation and other update factors applied to all APCs. Given the unique problems with capturing device-related costs in the CY2004 claims data for this particular APC, we believe the floor presents the most feasible short-term approach to ameliorate payment reductions that if unaddressed could jeopardize beneficiary access to outpatient care.

APC-Specific Issues (Section II – pages 5-16)
For CY2006, APC-specific issues of particular interest/concern to Boston Scientific include:

A. Reassignment of Laminectomy for Implantation of Neurostimulator Electrodes (CPT® 63655) from APC 0225 to APC 0040

We urge CMS to adopt the unanimous recommendation made by the APC Advisory Panel on August 18, 2005 to restructure *neurostimulation electrode implantation APCs* by creating three distinct APC groups to describe percutaneous implantation; laminectomy or incision for implantation; and cranial electrode implantation. This reassignment would mitigate an unwarranted and precipitous 73% drop in payment for CPT code 63655.

B. Designation of Non-coronary Intravascular Ultrasound (CPT 37250/APC 0416/C1753) as "Device-Dependent" and Methodology for Allocating Device-related Costs

We urge CMS to designate *non-coronary (peripheral) intravascular ultrasound (IVUS)* procedures (CPT 37250/APC 0416/C1753) as "device-dependent," a request we have formally made to CMS for the past several years and that was endorsed by the APC Panel on August 18, 2005. This modest but critical policy change will facilitate improved data capture of device-related costs in OPPS claims data by making hospital c-code reporting of this procedure mandatory. We ask CMS to continue to monitor the resource use of CPT 37250 relative to other procedures assigned to APC 0416 to determine whether potential reassignment is warranted for CY2007. Further, we ask CMS to adopt an alternative methodology for selecting claims and allocating costs associated with separately payable adjunctive hospital procedures, such as non-coronary IVUS, that are reported as "add-on" HCPCS codes. Boston Scientific offers a proposed solution in our detailed comments that involves splitting multiple procedure claims into "pseudo single" procedure claims that would reflect device costs specific to the relevant APC to which the single procedure is assigned.

C. Reassignment of Ureteroscopic Lithotripsy (CPT 52353) to APC 0429

Boston Scientific applauds CMS for creating APC 0429 (*Level V Cystourethroscopy and other Genitourinary Procedures*) which facilitates improved clinical and resource coherence for these device-intensive urologic procedures. We offer one modification to the proposed structure, which is to assign one additional procedure, ureterscopic lithotripsy (CPT 52353) to APC 0429. Our justification for this recommendation is presented in our detailed comments.

D. Reassignment of C-code (C9713) from New Technology APC 1525 to APC 0429

Boston Scientific applauds CMS's decision to create APC 0429 but we have concerns about CMS's proposal to include HCPCS code C9713 (*Non-contact Laser Vaporization of the Prostrate*) as part of this APC. As there is not yet sufficient data collected on this procedure, we believe moving C9713 from its current New Technology APC group (New Tech APC 1525) to a clinical APC is premature for CY2006. We recommend keeping HCPCS code C9713 in New Technology APC group 1525 for one more year to allow for more claims to be used in assigning this procedure to a clinically appropriate APC. If CMS is convinced that a reassignment is justified for CY2006, we request that CMS assign C9713 to New Tech APC 1524 (*Level XIV - $3,000-$3,500*) where the payment rate is commensurate with the median costs of single procedure claims for C9713.

E. Creation of Three New APCs for Vascular Access Procedures and Status Indicator Change for Vascular Access Ultrasound Guidance (CPT 76937)

We strongly endorse CMS's creation of three APCs for vascular access device (VAD) procedures (APCs 0621, 0622, 0623) and urge CMS to finalize this proposal for CY2006. These refined groupings will compliment the more precise CPT coding created for these procedures in recent years. In addition, Boston Scientific believes the status indicator for CPT 76937 should be changed from an "N" to an "S" to allow for separate and additional payment for the procedure when performed in conjunction with vascular access procedures. We believe the most appropriate reassignment for ultrasound guidance is APC 0268 (*Ultrasound Guidance Procedures*) with the following proviso: should subsequent cost data for CPT 76937 demonstrate that the $62.69 proposed payment rate represents a significant overpayment, the code would be reassigned to a more appropriate APC as identified by CMS.

Policy Changes Related to Device Pass-through Categories (Section III – pages 16-17)

We applaud CMS for proposing to make important and needed policy changes to the device pass-through payment eligibility criteria. Specifically, we strongly support modifications to the criteria that will change the way CMS currently interprets the surgical insertion and implantation criterion and evaluates requests for new pass-through device categories. We strongly support CMS's proposal to allow creation of a new pass-through payment category for a device where an existing or previously existing category descriptor does not appropriately describe the new type of device if other criteria are met. We request that pass-through applications currently under review be considered in light of the new pass-through category criteria and activated at the start of CY 2006 where the new category criteria are met.

Proposed Requirements for Assigning Services to New Technology APCs (Section IV – pages 17-19)

Boston Scientific strongly urges CMS to reconsider and withdraw its proposal to require that a CPT code application be submitted to the American Medical Association (AMA) prior to the submission of an application for a New Technology APC. By doing so, CMS will demonstrate its continued commitment to providing its beneficiaries with access to valuable new technologies, and it will maintain the distinction between reporting mechanisms and coverage. In lieu of using the CPT process as a proxy for physician participation, Boston Scientific recommends CMS appoint a standing advisory committee of clinical representatives from different specialties and hospitals to review and provide input to CMS on New Technology APC applications. Individual members of the committee can provide input and information on the appropriateness of assigning a New Technology APC to new procedures. Such a committee would allow CMS to continue to review applications in a timely manner and provide additional insights from the greater medical community.

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Thank you again for this opportunity to comment on the OPPS Proposed Rule for CY2006. We remain committed to working with CMS and other affected parties and stakeholders to ensure hospitals and beneficiaries have continued access to our company's wide array of products and technologies that provide effective alternatives to traditional major surgery and other medical procedures that are typically traumatic to the body.

Sarah Wells (202-637-8021; sarah.wells@bsci.com) in our Washington office will follow-up with Jim Hart to confirm receipt of these comments and answer any questions. In the interim, please do not hesitate to contact me at (508-652-7410; randel.richner@bsci.com) if I can be of further assistance.

Sincerely,

Randel E. Richner, BSN, MPH
Vice President, Government Affairs and Reimbursement & Outcomes Planning

cc: Herb Kuhn, Center for Medicare Management, CMS
Tom Gustafson, Center for Medicare Management, CMS
Elizabeth Richter, Hospital and Ambulatory Policy Group, CMS
Jim Hart, Division of Outpatient Care, CMS
Joan Sanow, Division of Outpatient Care, CMS

that perform more of these procedures, and seriously endanger Medicare beneficiary access to this treatment.

Payment for Cochlear Implantation (APC 0259)
Historically, hospitals have been inadequately reimbursed for cochlear implantation under the Medicare program, yet a large body of evidence-based literature strongly supports the value of cochlear implantation for Medicare beneficiaries.

The three cochlear implant manufacturers commissioned The Lewin Group to conduct an empirical study in order to develop recommendations to CMS on appropriate payment levels for cochlear implant procedures. The Lewin Group's analysis demonstrates actual average hospital acquisition costs for cochlear implants of $21,827 during 2004. Based on this information, The Lewin Group's study supports a relative weighting of 458.2168 for APC 0259 and a CY2006 payment rate of $27,192. The Lewin Group's analysis is provided as **Appendix A**.

Recommendations and CMS Requested Action for APC 0222 and APC 0259:

- Use accurate external device cost data and recalculate APC relative weights.
- In lieu of using external data, set the CY 2006 OPPS payment for both APCs no lower than 100% of the 2005 payment rate plus inflation and other update factors applied to all APCs.

B. Proposed Payment for GI Procedures with Stents (APC 0384)

Boston Scientific manufactures and markets many of the stents utilized in GI stenting procedures. As a result, we have watched the progression of payment for APC 0384 with interest since it was introduced in January, 2004. If implemented, the proposal to reduce payment for APC 0384 would be the second significant reduction in payment for this APC since it was introduced, and it would represent a cumulative reduction of 16.5% since CY2004.

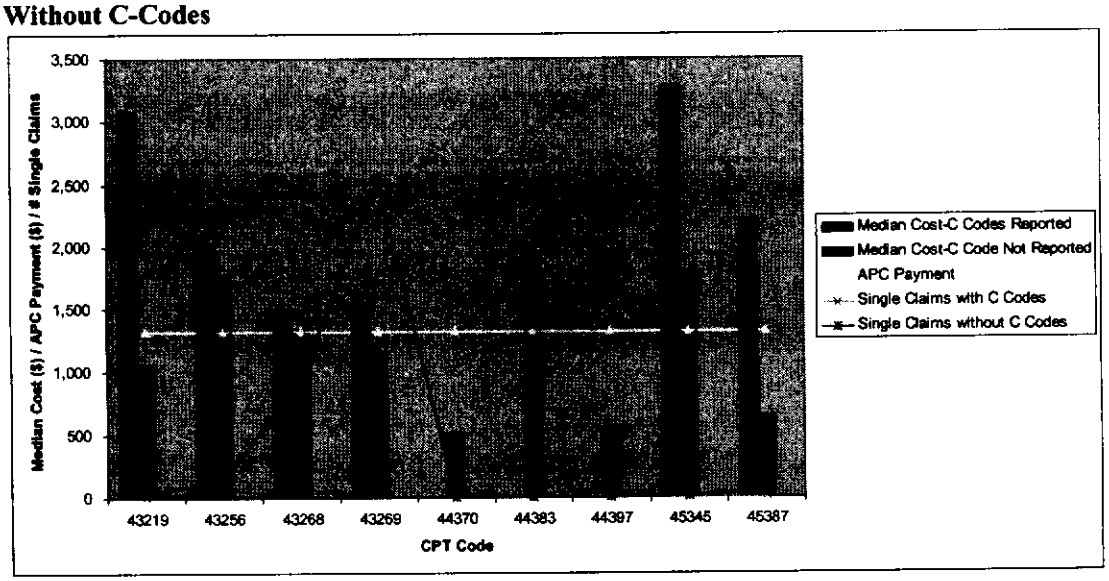
CMS's rationale for using all single and pseudo-single claims meeting its edits, regardless of whether a HCPCS code (specifically a c-code) was reported or not, was that utilizing only those claims where c-codes were reported would result in basing payment rates on small numbers of claims and would be unlikely to be representative of hospitals' resource costs. While this may be true for many of the device dependent APCs, Boston Scientific does not agree with CMS's hypothesis as it relates specifically to APC 0384.

All of the procedures in APC 0384 require the placement of one or more stents. Therefore, by definition, hospitals should be reporting at least one unit of a c-code for each Medicare procedure performed. CMS states that of 20,711 total claims for APC 0384, only 6,268 claims (30%) were single claims or could be utilized as pseudo-single claims. We conducted an analysis of 2004 claims for APC 0384 and noted that, of the 4,294 true single claims available for analysis in the CMS SAS claims data files, 593 claims (13.8%) contained c-codes. More importantly, the median costs associated with those claims containing c-codes were significantly higher than the median costs associated with claims that did not contain c-codes. We believe that the claims containing c-codes are more representative of actual costs, since in many cases when c-codes were not reported, the total resource costs reported by the hospital were less than the cost of a single stent. Boston Scientific is therefore concerned that by utilizing both single and pseudo-single claims that contain c-codes along with those that do not contain c-codes, CMS is significantly under-representing the costs associated with performing the procedures assigned to

APC 0384. See **Table 1** and **Graph 1** below for a summary of our analysis findings.

Table 1: Comparison of Median Costs for Claims With and Without C-codes for APC 0384				
	Claims with C-codes		**Claims without C-codes**	
CPT Code and Description	**# Claims**	**Median Cost**	**# Claims**	**Median Cost**
43219 Esophagus endoscopy	6	$3,078	29	$1,065
43256 Upper gi endoscopy w/stent	49	$2,018	135	$1,771
43268 Endo cholangiopancreatograph	178	$1,479	952	$1,324
43269 Endo cholangiopancreatograph	355	$1,550	2,522	$1,166
44370 Small bowel endoscopy/stent	.	.	2	$507
44383 Ileoscopy w/stent	.	.	2	$1,932
44397 Colonoscopy w stent	.	.	1	$540
45345 Sigmodoscopy w/stent	3	$3,288	13	$1,803
45387 Colonoscopy w/stent	2	$2,215	45	$640
Total	593		3,701	

Graph 1: APC 0384 – GI Procedures with Stenting, Comparison of Claims With and Without C-Codes



Boston Scientific presented this same analysis to the APC Advisory Panel on August 18, 2005. At that time, Boston Scientific recommended that CMS calculate the median cost for APC 0384 using only those claims containing c-codes. The APC Advisory Panel agreed with our recommendation and advised CMS to utilize only those claims containing c-codes to calculate the median cost for APC 0384. Boston Scientific urges CMS to accept the Panel's recommendation and calculate the CY2006 payment median for APC 0384 using only those claims containing c-codes. Doing so would mitigate additional payment reductions that could hamper beneficiary access to GI stenting procedures, and maintain payment stability during the transition from voluntary to mandatory c-code reporting. Finally, utilization of only those claims containing c-codes is consistent with CMS payment methodology for CY2003 and CY2004.

In the event that CMS rejects the Panel's recommendation, we strongly urge CMS to freeze payments at 100% of the 2005 rate plus inflation and other update factors applied to all APCs as opposed to the proposed 85% floor.

At the August 18, 2005 APC Advisory Panel meeting, the Panel also recommended that CMS create a new APC and move the following two procedures (currently assigned to APC 0384) to the new APC:

- CPT 43268, *Endoscopic Retrograde Cholangiaopancreatography (ERCP) with stent placement;*
- CPT 43269, *ERCP with stent removal and/or replacement.*

The rationale provided for the recommendation was that these two procedures are clinically dissimilar to the other procedures assigned to APC 0384, and that the time required to perform ERCP stenting procedures is significantly less than the time required to perform other GI procedures.

In fact, procedures involving stenting of the gastrointestinal lumen predominantly require deployment of stents across a stenotic region. The area of stenosis is most typically caused by an end stage malignancy and frequently these patients have very limited treatment options. Irrespective of the location to be stented, similar techniques are employed to accomplish the procedure. Specifically, the narrowed region is approached endoscopically, under fluoroscopy. Monitoring contrast is injected to define the stenosis, a guide wire is placed across the region of narrowing under fluoroscopic visualization and then a stent is placed across the narrowing. Under continuous fluoroscopy, the stent is deployed. For all stenting procedures, fluoroscopy is an integral component of the service because the physician cannot visualize the distal stent due to the tumor stenosis (or position within the bile duct) and the x-ray monitoring is needed to insure that the ultimate stent position satisfactorily extends across the entire luminal stenosis. For both biliary (ERCP) and non-biliary stent placement, radio-opaque contrast is injected across the luminal narrowing to verify the extent and assess for any fistulas. In most practices, this injection of contrast is performed with an ERCP-type cannula whether the tumor is within the esophagus, colon, bile duct or elsewhere. Similarly, the guide wires employed in stent placement are the same as those used for ERCP. Thus, stent placement in the biliary tree and elsewhere in the gastrointestinal tract requires similar equipment, supplies, techniques and fluoroscopic assistance.

We respectfully disagree with the committee regarding the clinical differences and duration of these procedures. Rather, we suggest that physician and fluoroscopy time for performance of stent placement is determined more by nuances arising from gaining access across the tumor, sedating the patient and fluoroscopic monitoring rather than the inherent location of the malignancy. The selection inherent in patients offered this service affords a patient population enriched with elderly, cachexic and debilitated individuals, all of whom stand to gain some benefit when non-surgical palliation of their malignant gastrointestinal obstruction occurs. Finally, as illustrated in our data analysis, ERCP stenting procedures account for the largest proportion of claims for procedures assigned to APC 0384. The median cost for APC 0384 is thus likely to be primarily representative of the resources used for ERCP stenting procedures, so it is unnecessary to create a different APC. Therefore, Boston Scientific asks that CMS maintain the current configuration of APC 0384 for CY2006.

In the event that CMS decides to adopt the Panel's recommendation to move the ERCP stenting codes to a new APC code, Boston Scientific requests that CMS also adopt the Panel's recommendation that only those claims where c-codes were reported be used to calculate the median payment rate. Also, consistent with our earlier request, if CMS rejects the proposal to base the rate for APC 0384 only on claims that include the reporting of a c-code, we strongly urge CMS to freeze payments at 100% of the CY2005 rate plus inflation and other update factors applied to all APCs as opposed to the proposed 85% floor.

Recommendations and CMS Requested Action:

- Adopt the APC Panel recommendation to recalculate median cost for APC 0384 using only those claims in which c-codes were reported.
- Maintain the current configuration of APC 0384; that is to say, do not assign ERCP procedures to a new APC as recommended by the APC Panel. Should CMS decide to move ERCP codes to a new APC, use only claims with c-codes to estimate median costs.
- If CMS decides against using "with c-code" only claims in either above case, freeze CY2006 rates at 100% of the CY2005 rate plus inflation and other update factors applied to all APCs as opposed to implementing the proposed 85% floor.

C. Proposed Payment for Cardiac Electrophysiologic Recording/Mapping (APC 0087)

Boston Scientific is very concerned about CMS's proposed payment for APC 0087 *Cardiac EP Recording/Mapping* and the impact of year to year payment volatility on institutions that routinely perform cardiac recording/mapping outpatient procedures.

The (61%) change from CY2005 adjusted to CY2006 unadjusted median costs for this APC is clearly alarming. And while we appreciate the effort made by CMS to adjust the median costs for APC 0087 when setting CY2006 payments, we believe a net payment reduction of 15% is too steep for these procedures that play an important clinical role in the diagnosis and treatment of cardiac arrhythmias. Our evaluation of the OPPS claims data for these procedures suggests that large numbers of hospital claims for these services involved missing or underreported device charges. Given the inherent problems with the CY2004 claims data for this APC, we urge CMS to adjust cost medians further so that the final payment rate is at no lower than 100% of the CY2005 rates plus inflation and other updated factors applied to all APCs.

Recommendations and CMS Requested Action:

- Set the CY2006 payment rate at no lower than 100% of the CY2005 payment rate plus inflation and other updated factors applied to all APCs.

II. APC-Specific Issues of Particular Interest/Concern to Boston Scientific

A. Reassignment of Laminectomy for Implantation of Neurostimulator Electrodes (CPT 63655) from APC 0225 to APC 0040

We noted that some HCPCS codes were moved to different APCs without a discussion in the proposal providing the rationale for the changes. In the future, we urge CMS to include in the proposal a discussion of these changes to afford stakeholders a full opportunity to provide constructive feedback during the comment period.

Of particular concern is the reassignment of CPT 63655 *Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural* from APC 0225 *Level II Implantation of*

Neurostimulator Electrodes to ACP 0040 *Level I Implantation of Neurostimulator Electrodes.* This reassignment would represent a 73% drop in payment for CPT 63655. Such a significant decrease in payment would create a significant barrier to access for Medicare beneficiaries. Further, the proposed reduction is so drastic that it may create inappropriate treatment selection incentives without regard to medically appropriate care for Medicare beneficiaries.

A review of the procedures within APC 0040 rank and ordered by median costs in **Table 2** below shows a clear violation of the two times rule with median costs ranging from $2,647.95 for CPT 64555 to $16,032.74 for CPT 64565.

Table 2: Frequency of "Single" Claims and "True" Median Costs for HCPCS Codes Assigned to APC 0040		
CPT/ HCPCS	**"Single" Frequency**	**"True" Median Cost**
64555	122	$ 2,647.95
63650	1596	$ 2,866.51
64580	3	$ 3,362.63
64561	460	$ 3,822.65
64560	2	$ 3,837.47
64581	332	$ 5,501.20
63655	69	$ 5,746.58
64575	26	$ 5,815.60
64565	5	$16,032.74
	APC Median	$ 3,338.79

A more in-depth review of the neurostimulator electrode implantation procedure groups in the proposed rule for APCs 0040 and 0225 identified opportunities to further improve the clinical and cost congruence of these procedure groupings. Based on the above factors, we recommend that CMS restructure APC 0040 and APC 0225 into three distinct APC groups to describe: 1) percutaneous implantation; 2) laminectomy or incision for implantation; and 3) cranial electrode implantation. See **Tables 3-5** on the following page for the specific new APC groupings for neurostimulator electrode implantation that were unanimously recommended by APC Advisory Panel on August 18, 2005.

Table 3: Proposed New Level I APC for Implantation of Neurostimulator Electrodes			
CPT/ HCPCS	**CPT Description**	**2005 APC Assignment**	**"True" Median Cost**
63650	Percutaneous implantation of neurostimulator electrode array, epidural	0040	$ 2,866.51
64555	Percutaneous implantation of neurostimulator electrode array, peripheral nerve	0040	$ 2,647.95
64560	Percutaneous implantation of neurostimulator electrode array, autonomic nerve	0040	$ 3,837.47
64561	Percutaneous implantation of neurostimulator electrode array, sacral nerve	0040	$ 3,822.65
64565	Percutaneous implantation of neurostimulator electrode array, neuromuscular	0040	$16,032.74
		Estimated APC Median Cost	$ 3,086.62

Table 4: Proposed New Level II APC for Implantation of Neurostimulator Electrodes			
CPT/ HCPCS	**CPT Description**	**2005 APC Assignment**	**"True" Median Cost**
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle(s), epidural	0225	$ 5,746.58
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	0040	$ 5,815.60
64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	0225	$11,312.99
64580	Incision for implantation of neurostimulator electrodes; neuromuscular	0225	$ 3,362.63
64581	Incision for implantation of neurostimulator electrodes, sacral nerve	0040	$ 5,501.20
		Estimated APC Median Cost	$ 5,558.05

Table 5: Proposed New Level III APC for Implantation of Neurostimulator Electrodes			
CPT/ HCPCS	**APC**	**2005 APC Assignment**	**"True" Median Cost**
64573	Incision for implantation of neurostimulator electrodes; cranial nerve	0225	$14,510.28
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	0225	$12,064.27
		Estimated APC Median Cost	$14,098.18

Recommendation and CMS Requested Action for APC 0225 and APC 0040:

- Adopt the Panel recommendation to reconfigure APC 0040 and APC 0225 into three distinct APC groups as outlined above.

B. Designation of Non-Coronary Intravascular Ultrasound (IVUS) (CPT 37250/APC 0416/C1753) as "Device-Dependent" and Claims Selection Methodology for Estimating Device-related Costs

Designation of Non-Coronary IVUS as "Device-Dependent"

Boston Scientific remains concerned that neither CPT 37250 *Intravascular ultrasound (non-coronary vessel) during diagnostic; initial vessel* (non-coronary IVUS), nor the APC to which it is currently assigned (APC 0416 *Level I Intravascular and Intracardiac Ultrasound and Flow Reserve*), are currently designated as "device-dependent" under OPPS. Failure to recognize this truly "device-dependent" procedure contributes to the inaccurate median cost estimation of this adjunctive outpatient procedure.

On August 18, 2005, the APC Advisory Panel recommended that APC 0416/CPT 37250/C1753 be added to the list of device dependent edits. Boston Scientific urges CMS to act on this recommendation as soon as possible as a first step to improving data capture of the device-related costs for non-coronary (peripheral) IVUS for future APC rate setting.

We also would like to respond to the discussion at the APC Advisory Panel on August 18th concerning the reassignment of non-coronary IVUS, initial vessel (CPT 37250) to APC 0670 (*Level II Intravascular and Intracardiac Ultrasound Flow and Reserve*), the APC where coronary IVUS, initial vessel is grouped. While we appreciate the statements made by CMS and the APC Advisory Panel that such a reassignment may duplicate the radiological supervision and interpretation (S&I) component of this procedure, we believe that CPT 37250 should be appropriately grouped with other clinically similar device-dependent procedures. With this in mind, we ask CMS to continue to monitor the resource use of CPT 37250 relative to other procedures assigned to APC 0416 to determine whether potential reassignment is warranted for CY2007.

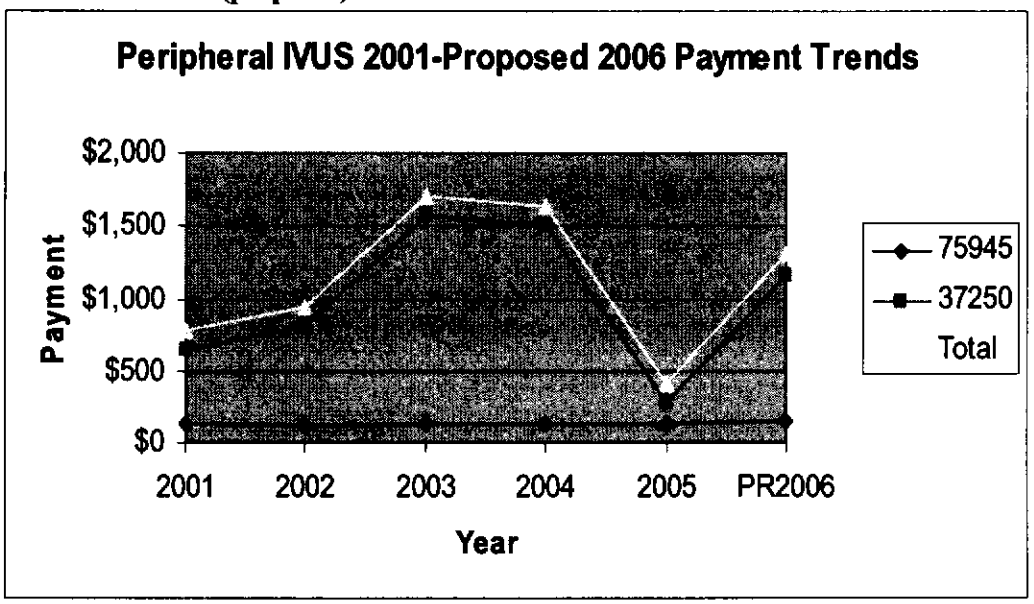
Claims Selection Methodology for Estimating Device-related Costs

Boston Scientific also is very concerned about the method CMS is using for claims selection to estimate costs for separately payable adjunctive procedures reported using "add-on" CPT codes. Non-coronary IVUS is one such procedure that is particularly disadvantaged by this methodology.

Because non-coronary IVUS procedures are always reported in conjunction with other separately payable procedures, the claims for these procedures are considered "multiple major" under CMS's methodology and thus are not used in rate-setting. The volume of "single" and "pseudo single" claims CMS does use are not at all reflective of the actual provision of this service to Medicare beneficiaries in the outpatient setting. The limited number of claims only exacerbates the inaccurate capture of the resources utilized in this procedure.

As illustrated in **Graph 2** on the following page, this methodology consequently has led to high payment volatility for non-coronary IVUS procedures from year to year but the S&I component of the procedure (CPT 75945) has remained fairly stable and is not a key driver in the increase in the total payment pool of dollars.

Graph 2: Payment Trends for Non-Coronary (Peripheral) Intravascular Ultrasound, CY2001 to CY2006 (proposed)



Shortcomings of Using "Pseudo" Claims for Median Setting

To better understand why the claims data substantially underestimate the costs associated with separately payable "add-on" procedures such as non-coronary IVUS, Boston Scientific commissioned an analysis examining CY2003 and CY2004 claims data.

Our premise going into the analysis was that CMS's algorithm would screen out *all* correctly coded non-coronary IVUS claims, and therefore exclude essential claims for APC rate-setting purposes. Our analysis findings (see **Table 6** below) affirm this premise, demonstrating that indeed a small percentage of single claims drive the gross under-estimation of non-coronary IVUS costs and lead to inadequate payment for this procedure.

Table 6 Comparative Analysis of Claims Used to Calculate OPPS Rates for Non-Coronary IVUS	
2004 Claims Data Highlights	**2003 Claims Data Highlights**
• "Pseudo" single claim algorithm screens out over 98% IVUS claims • 19 claims counted out of 1,206 (2%) • 57% of the 19 claims show device revenue center -Lower median costs on claims with no devices	• "Pseudo" single claim algorithm screens out over 96% IVUS claims • 39 claims counted out of 916 (4%) • 59% of the 19 claims show device revenue center -Lower median costs on claims with no devices
Source: Direct Research, LLC analysis of 2005 & 2006 Proposed Rule OPPS LDS file.	

Suggested Alternative Methodology for Selecting Multiple Procedure Add-on Claims

When a claim shows two devices, it should be considered correctly coded, and then CMS should split the claim and associate each of the devices with the relevant APC. For example, consider a

claim containing both non-coronary IVUS and non-coronary balloon angioplasty. To be included in the weight calibration algorithm, such a claim would be required to have both a c-code for the balloon angioplasty device, and one more device(s) or charges that would plausibly account for the IVUS catheter under C1753.

In effect, because the procedure combination requires two devices, we would expect the claim to show two devices and to be considered correctly coded. Then, in splitting the claim, CMS would associate the balloon catheter device with the balloon angioplasty APC, associate the other device or device revenue center costs with the IVUS APC, and proceed to split the claim. If no other packaged revenue centers appeared, the claim would be split into two single procedure claims, associating each device with the relevant procedure.

While it is possible that only a minority of claims would pass this screen, it should be kept in mind that only about two to four percent of non-coronary IVUS claims pass the current single-procedure algorithm, and the majority of these are incompletely coded claims with no devices or device-related costs reported on the claim. Although we have no way to test this approach currently, we believe that it is unlikely to do worse than the current method and should better reflect overall procedure and device costs.

Even with the aforementioned edit in place, the single claims methodology will continue to be problematic for payment rates for procedures that are always done in conjunction with other procedures. The need for a methodology to best reflect total procedure costs remains a challenge and we believe aligning device costs via c-codes will assist in this quest.

In summary, Boston Scientific believes the expected outcome of incorporating our policy recommendations will allow payment for non-coronary IVUS to be more accurately evaluated and assigned to a clinically comparable and resource cohesive APC. The potential consequences of no change will result in the hospital experiencing APC payment fluctuation based on an extremely small percent of the claim pool that most likely does not reflect resource utilization associated with the procedure. This may mean non-coronary IVUS will not be utilized on beneficiaries as needed.

Recommendations and CMS Requested Action:

- Add to CPT 37250/C1753 to device edits or device-dependent APCs (Table 15 in the proposed rule) as recommended by the APC Panel in the August 18, 2005 meeting.
- Monitor CPT 37250 for appropriateness of APC reassignment in CY2007.
- Develop an alternative methodology for multiple procedure add-on claims with device(s).

C. Reassignment of CPT code 52353 to APC 0429

In the proposed rule, CMS created APC 0429 (*Level V Cystourethroscopy and other Genitourinary Procedures*). This new APC would hold a higher level of more device-intensive urologic procedures, including laser surgery treatments for benign prostatic hyperplasia (BPH) and percutaneous nephrostolithotomy (PCNL).

We applaud the creation of this new APC, as it will better align payment rates for these cystourethroscopic procedures with the resources they consume. These resources include capital equipment (laser consoles, cystoscopes and nephroscopes) and a wide range of single-use devices

(ureteral balloon catheters, dilators, introducer needles, guidewires, drainage tubes and laser fibers for breaking up kidney stones or vaporizing and/or coagulating prostate tissue.)

We would only recommend that CMS add the following code to APC 0429:

CPT 52353 - *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*

Moving CPT 52353 (ureteroscopic lithotripsy) to the newly created APC 0429 is justified based on the following reasons:

1. CPT 52353 closely matches the other procedures in APC 0429 in terms of resource utilization and clinical homogeneity. This is evidenced by the fact that CMS has grouped ureteroscopic lithotripsy for almost four years (2002 through 2005) with all the urology codes slated for assignment to APC 0429 (CPT codes 50080, 50081, 52647 and 52648). Given the extensive resource and clinical coherence of ureteroscopic lithotripsy with the other codes proposed for assignment to APC 0429, it should not be excluded from the other very similar procedures moving to APC 0429.

2. By definition, CPT 52353 requires a cystoscope (about $8,000) and a holmium laser console (about $130,000) which provides the energy used in intracorporeal lithotripsy to break up kidney stones. These pieces of capital equipment are also used with the BPH laser surgery and PCNL procedures in APC 0429. Ureteroscopic lithotripsy also requires the use of a ureteroscope (about $15,000), making it all the more resource-intensive. The holmium laser used in ureteroscopic lithotripsy has been revolutionary in the treatment of kidney stones, as it is extremely effective in fragmenting all varieties of stones in a minimally invasive fashion. Like the other codes (BPH laser surgery and PCNL) in APC 0429, ureteroscopic lithotripsy uses a wide range of single-use medical devices, including balloon dilatation catheters, ureteral sheaths, guidewires, ureteral catheters, stone retrieval baskets and laser fibers. The total combined per procedure costs of these single-use devices alone can be well over $800, which is separate from the capital equipment and other hospital costs of providing this procedure.

3. Like the PCNL procedures in APC 0429, ureteroscopic lithotripsy is performed on patients suffering from urinary stones lodged in the kidney and/or ureter by directly accessing the stone and pulverizing it via intracorporeal lithotripsy.

4. Ureteroscopic lithotripsy enjoys very high clinical outcomes, but can be costly due to the need for frequent repairs of the ureteroscope. Research shows that flexible ureteroscopes only can be used only 6 to 15 times before requiring expensive maintenance repairs to recondition the ureteroscope. A study published in the August 2003 issue of Urology showed a range of maintenance costs of $31,520 to $60,033 for 100 cases using different brands of ureteroscopes.[1] This averages to a per procedure maintenance cost of $315-$600. It is likely most hospitals are not accurately capturing the cost of these ureteroscope repairs when developing their OR charges, as most hospitals set their OR charges based on time and capital equipment costs, not on the maintenance costs for certain equipment. This suggests the OPPS median cost claims data on CPT 52353 may well underestimate the actual costs of this

[1] Landman J, Lee D, Lee C, Monga M. Evaluation of Overall Costs of Currently Available Small Flexible Ureteroscopes. Urology 62: 218-222 ©2003 Elsevier Inc.

procedure by some $315-$600. With OPPS median cost for CPT code 52353 in 2004 at $2,150, actual costs incurred by hospitals for ureteroscopic lithotripsy may be closer to $2,465 to $2,750.

5. Even with the maintenance costs for ureteroscopes not likely being charged by hospitals, ureteroscopic lithotripsy still has the highest median cost ($2,150) of the nine procedures in CMS's proposed grouping of APC 0163 (*Level IV Cystourethroscopy and other Genitourinary Procedures*). This is not enough on its own to justify a change but it shows that it already is on the cusp of the next level APC.

6. Moving CPT 52353 to APC 0429 would have a negligible impact on the median costs of APCs 0163 and 0429. The median cost of APC 0163 would fall by only $19 to $2,016, while APC 0429's median costs would drop by about $100 to $2,457. Thus, other codes in APC 0163 and 0429 would not experience any payment disruptions, so there should not be any concern about unintended consequences of making this change.

Recommendation and CMS Requested Action:

- Reassign CPT 52353 from APC 0163 to the newly created APC 0429 (*Level V Cystourethroscopy and other Genitourinary Procedures*).

D. Reassignment of HCPCS code C9713 from New Tech APC 1525 to APC 0429

CMS proposes to move the following new technology service billed under HCPCS code C9713 (*Non-contact laser vaporization of prostate, including coagulation control of intraoperative and post-operative bleeding*) to the newly created APC 0429 (*Level V Cystourethroscopy and other Genitourinary Procedures*).

While we applaud the creation of APC 0429 for other cystourethroscopy procedures, we are extremely concerned that CMS's proposal to assign C9713 to APC 0429 is premature, as the move would be based on only nine months of claims data, an insufficient time to justify its removal from New Technology APC 1525.

The reasons for keeping C9713 in New Tech APC 1525 are as follows:

1. CMS is basing its reassignment to a clinically appropriate APC based on only nine months of OPPS claims, as the HCPCS code C9713 became effective on April 1, 2004. This contrasts markedly from new technology PET scans in the G0211-G0234 series that have resided in various New Tech APCs for at least four years (2002-2005). Moreover, the Program Transmittal detailing this new HCPCS code was not released until 3/30/04, with an 4/5/04 implementation date, so it is extremely unlikely that most hospitals even knew of this code for some time after its creation, meaning that the claims CMS has for C9713 are probably for much less than nine months of data.

2. At the August 2005 APC Advisory Panel, a presentation was made on this issue, prompting discussion about hospitals' inconsistency in using the appropriate code for this procedure. Several Panel members said their hospitals were incorrectly coding these procedures and raised questions about the accuracy of the claims data. While the Panel ultimately agreed with CMS's proposal to move C9713 to APC 0429, this was based on an expectation that this

code would end up in this APC anyway, not on agreement that the OPPS data for C9713 was accurate.

3. Removing C9713 from APC 0429 would only slightly shave APC 0429's median cost by $19 to $2,534. This minimal impact ensures that procedures remaining in APC 0429 (PCNL, BPH Laser Surgery) would not be adversely impacted by the removal of C9713.

4. Finally, under CMS's proposal, the payment rate for C9713 would fall by about 33%, from $3,750 to $2,511. We are concerned that this represents too much of an abrupt cut that could pose patient access concerns. It is also inconsistent with CMS efforts to mitigate payment reductions for device-related APCs. In the proposed rule, CMS places a 15% floor on the reduction in the median costs for device-dependent APCs in an effort to prevent dramatic cuts from year to year. If CMS is convinced that a reassignment is justified, we ask the Agency reassign C9713 to another New Tech APC, such as New Tech APC 1524 ($3,000 to $3,500). This would be a less drastic step, given that C9713 has only nine months of claims data, and the median cost of single procedure claims for C9713 is $3,066 when screening claims to exclude those without medical device revenue center codes and device costs under $600.

Recommendations and CMS Requested Actions:

- Keep HCPCS code C9713 in New Tech APC 1525 for one more year to allow for more claims data to be used in assigning this procedure to a clinically appropriate APC.
- If keeping C9713 in New Tech APC 1525 is not an option, reassign C9713 to New Tech APC 1524 (*Level XIV - $3,000-$3,500*) for CY 2006, as this tempered step would recognize that CMS has only nine months of claims data, and that C9713's median cost of single procedure claims is $3,066 using conservative device screens.

E. Status Indicator Change for CPT Code 76937 and Creation of Three New APCs for Vascular Access Procedures.

In the proposed rule, CMS recommended the creation of three APCs for vascular access device (VAD) procedures:

- 0621- Level I Vascular Access Procedures
- 0622- Level II Vascular Access Procedures
- 0623- Level III Vascular Access Procedures

We applaud CMS for this important step that demonstrates the Agency's commitment to proper grouping and payment for VAD insertions and related procedures. These refined groupings will compliment the more precise CPT coding created for these procedures in recent years. We urge CMS to finalize these proposals for CY2006.

Furthermore, we support the assignment of the various vascular access procedures to these newly created APCs as outlined in Table 13 of the OPPS proposed rule. It is evident by analyzing 2004 Medicare median cost data for these procedures that these new APC assignments and related payments will more accurately and adequately cover their associated hospital outpatient costs.

Status Indicator of Ultrasound Guidance for Vascular Access Insertions
On January 1, 2004, CPT code 76937 (ultrasound guidance for vascular access insertion[2]) became effective and was assigned a status indicator (SI) of "N", an incidental service packaged under the OPPS system. When this procedure is performed in the hospital outpatient setting, no separate or additional payment is rendered.

Procedural Overview
Ultrasound guidance is used for patients requiring peripherally inserted central venous catheter (PICC) placement, where the physician determines that ultrasound guidance is necessary for safe access. Potential access sites are evaluated, selected and documented, while adjacent structures (artery, nerves, etc.) can be safely visualized and avoided. Finally, the catheter is placed and proper placement is verified using guidance.

Clinical and Cost Rationale
- According to the Agency for Healthcare Research and Quality (AHRQ), the use of ultrasound to guide vascular access is one of the eleven most highly rated clinical practices to improve patient safety.[3]
- AHRQ also concluded that there is a 78% relative risk reduction when ultrasound guidance is used for central venous catheter (CVC) insertions.
- The report cited the lack of additional payment for capital equipment investment as a hurdle to the adoption of this procedure.

Background
Prior to 2004, ultrasound guidance for vascular access procedures was billed using CPT code 76942 *Ultrasound guidance for needle placement*[4]. This code maps to APC 0268 *Ultrasound Guidance Procedures*, triggering a $67 payment to the hospital outpatient facility under the CY2005 OPPS. The new CPT code 76937 would also seem to be an excellent fit within APC 0268 based on the CMS principle of clinical homogeneity as illustrated in **Table 7** on the following page.

[2] The full text descriptor for CPT code 76937 is *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure.)*
[3] Shojania KG, Duncan BW, McDonald KM, et al., eds. Making Health Care Safer: A Critical Analysis of Patient Safety Practices. Evidence Report/Technology Assessment No. 43.
[4] The full text descriptor for CPT code 76942 is *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation.*

Table 7: HCPCS Codes Assigned to APC 0268 - Ultrasound Guidance Procedures	
CPT Code	**Narrative**
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76940	Ultrasound guidance for, and monitoring of, visceral tissue ablation
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	Ultrasonic guidance for placement of radiation therapy fields
76965	Ultrasonic guidance for interstitial radioelement application

Issue Presented Before the APC Advisory Panel

This issue was presented at the August 2005 APC Advisory Panel Meeting. The Panel discussed the issue extensively and seemed sympathetic to the merit of separate payment for ultrasound guidance based on its ability to improve patient safety and clinical outcomes. However, they deferred a decision by requesting that CMS collect available hospital claims data on CPT 76937 for further consideration by the Packaging Subcommittee by the next scheduled meeting.

The Panel seemed to echo previously stated concerns by CMS that separate payment for the ultrasound guidance would foster inappropriate utilization. Given the AHRQ findings, we believe that CMS should be encouraging utilization of ultrasound guidance for vascular access procedures via separate and appropriate payment. The Panel also seemed concerned that APC 0268 may overpay for the type of ultrasound guidance in question. Given that the proposed 2006 payment rate for APC 0268 is $62.69 (its lowest level ever); we do not believe that this is a valid concern.

We do believe that the Panel recommendation will result in an unnecessary delay of at least a year in re-establishing separate payment for this clinically advantageous technology. We therefore urge CMS to reassign CPT code 76937 to APC 0268 with the proviso that should subsequent cost data for code 76937 demonstrate that the $62.69 payment rate represents a significant overpayment, the code would be reassigned to a more appropriate APC as identified by CMS. We believe that this solution would satisfy the concerns of both the Advisory Panel and CMS staff, while making this care-enhancing service more readily available to Medicare Beneficiaries.

Recommendation and CMS Requested Action:

- Change the SI for CPT code 76937 from an "N" to an "S" effective January 1, 2006.
- Assign CPT code 76937 to APC 0268 *Ultrasound Guidance Procedure* to allow for separate and additional payment for the procedure when performed in conjunction with vascular access procedures with the proviso that should subsequent cost data for CPT 76937 demonstrate that the $62.69 payment rate represents a significant overpayment, the code would be reassigned to a more appropriate APC as identified by CMS.

III. Policies Related to Pass-through Device Categories

A. Proposed Modification to Surgical Insertion and Implantation Criterion

Boston Scientific commends CMS for revisiting its surgical insertion and implantation criterion for establishing a new device category and proposing to consider eligible:

"those items that are surgically inserted or implanted either through a natural orifice or a surgically created orifice (such as through an ostomy) as well as those that are inserted or implanted through a surgically created incision." (page 42721 of the Proposed Rule)

We strongly endorse this important and needed policy change which will now enable innovative and less invasive technologies, particularly in the areas of gynecologic, urologic, colorectal and gastrointestinal procedures, to be considered for device pass-through payment status. We therefore urge CMS to adopt this proposal and make it effective January 1, 2006.

Recommendation and CMS Requested Action:

- Adopt and make effective January 1, 2006 the CMS proposal to expanding surgical insertion and implantation criterion for establishing a new device category.

B. Criteria for Establishing New Technology Pass-through Device Categories

Boston Scientific supports CMS's efforts to ensure that Medicare beneficiaries have timely access to new medical treatments that are well-evaluated and demonstrated to be effective. In particular, we applaud CMS's proposed enhancements to the pass-through payment criteria, specifically, to make new technology accessible to its beneficiaries through the modification of an existing or previously existing pass-through device category criterion.

It is important to establish pass-through payments for new device technologies that provide a substantial clinical improvement for Medicare patients and which are not clearly described in an existing or previously existing category. Such decisions have a significant impact on Medicare patient access to beneficial new medical technologies.

For example, the previously existing device category for implantable neurostimulator generators (C1767) does not appropriately describe rechargeable IPG technology. The previously existing category descriptor is overly broad, and was never intended to describe rechargeable IPG technology that did not exist at the time the category was created.

Rechargeable IPG neurostimulators represent a major advancement in medical technology that has important technological differences versus existing non-rechargeable IPG's and external RF-transmitter systems. We are pleased that CMS recently determined in the FY2006 Inpatient Prospective Payment System Final Rule that rechargeable IPGs provide a substantial clinical improvement over previous technologies. However, for Medicare patients to have access to this

treatment, it is important for this technology to be appropriately considered for pass-through payment.

We support CMS's proposal to create an additional category for devices that meet all of the criteria required to establish a new category for pass-through payment in instances where an existing or previously existing category descriptor does not appropriately describe the new type of device, and request that CMS implement this policy change effective January 1, 2006. Further, we request that pending pass-through applications be considered in light of this new pass-through category criteria, and where the new category criteria are met, make category modifications deemed appropriate also effective January 1, 2006.

Recommendation and CMS Requested Action:

- Adopt and make effective January 1, 2006 the CMS proposal to revise the pass-through device category criterion which would allow the creation of new pass-through device categories where an existing or previously existing category descriptor does not appropriately describe the new type of device.
- Make device category modifications for pending pass-through applications that meet all new category eligibility criteria effective January 1, 2006.

IV. Proposed Requirements for Assigning Services to New Technology APCs

Boston Scientific applauds CMS's efforts to ensure that Medicare beneficiaries have timely access to new medical treatments and technologies and promoting greater interaction and review of new technologies by the greater medical community. However, we strongly urge CMS to reconsider its proposal to require that a CPT code application be submitted to the American Medical Association (AMA) prior to the submission of an application for a New Technology APC. The submission of a CPT code application will not enable CMS to meet its stated objective of "promoting review of the coding, clinical use, and efficacy of new technology services by the greater medical community." Moreover, elements of the CPT application process may result in unanticipated and significant negative ramifications for both providers and developers of new technologies. In lieu of using the CPT process as a proxy for physician participation, Boston Scientific recommends that CMS appoint a standing advisory committee of clinical representatives from different specialties and hospitals to review and provide input to CMS on New Technology APC applications.

CPT Requirement Does Not Promote Review by the Greater Medical Community

The requirement that a CPT application be filed, in and of itself, will not provide CMS with input from the greater medical community unless CMS is proposing to wait until the AMA CPT Editorial Panel has made a coding determination and that determination has been made public. Filing an application neither requires nor guarantees a review by the greater medical community. In addition, the CPT code application will not provide CMS with additional information on the technology being evaluated, beyond what is provided as part of the New Technology APC application process, because the applications are very similar. Moreover, because of the timing of the CPT process, it is not reasonable for CMS to wait until a CPT coding decision has been made public to decide whether to assign a New Technology APC. It can take as long as 6-12 months from submission of an application to an internal Editorial Panel decision on a CPT code application, and the decision is not made public immediately. It can take anywhere from 6 to 24 months from the time an application is submitted until the time a coding decision regarding a

Category I CPT code is published. Although the timing is somewhat shorter for Category III CPT codes, the coverage issues associated with these codes can be significant.

Additional Concerns

In addition to the obvious conflict between CMS's stated desire to solicit greater participation from the medical community and the lack of a guaranteed review as part of the CPT application submission process, several other issues associated with the CPT application process render CMS's proposal impractical and contrary to CMS's stated objective of promoting access to technology for beneficiaries. Specifically, issues with Category III CPT codes and the blending of coding and coverage decision-making are of concern.

Issues Associated with Category III CPT Codes

The AMA does not have official evidence and utilization thresholds for CPT code applications. However, physician specialty societies often require that certain thresholds of utilization and/or clinical evidence be met before an application for a Category I CPT code is submitted, and there is considerable variation in required thresholds among the physician specialty societies. If an application is submitted by a manufacturer without society support and/or before widespread utilization can be demonstrated, it is more likely to be denied or to be assigned a Category III CPT code (even if a Category III CPT code was not requested). If, on the other hand, a manufacturer waits to gather clinical and utilization data that are sufficient to support a Category I CPT code application, the technology may no longer meet CMS's definition of "truly new," and therefore become ineligible for a New Technology APC.

Applying directly for a Category III CPT code poses other, equally troubling issues. Most private payers and many Medicare contractors view a Category III CPT code as an indication that a technology is experimental or investigational. As a result, assignment of a Category III CPT code is often tantamount to a non-coverage decision. To illustrate this point, Boston Scientific refers CMS to the proposed and final policies of some of its own contractors, including TrailBlazer Health Enterprises, LLC and National Heritage Insurance Company (NHIC), have proposed or finalized "blanket" non-coverage policies for all technologies described by Category III CPT codes. For example, the TrailBlazer LCD for Category III CPT Codes states, "New Category III codes will be added to the non-coverage list since these codes have been created to track new, unproven therapies and tests."[5]

Because of the risk of non-coverage associated with Category III CPT codes, manufactures may decide to forego the New Technology APC process. In the absence of a more specific reporting mechanism, facilities are likely to increase their use of unlisted Category I CPT codes to report new procedures. This will place an increased manual processing burden on contractors, and it will make it challenging for CMS to track new procedures to assign them to clinically appropriate APCs with appropriate payment. More importantly, the ultimate result of CMS's current proposal will be a reduction in beneficiary access to new technologies, which directly contradicts CMS's stated intent for New Technology APCs. If CMS is seeking to lower the number of applications for new technology APCs, it will accomplish this goal by requiring submission of a

[5] TrailBlazer Health Enterprises, LLC. *Non-covered Services - Z-14B-R10.* Contractor's Determination Number: Z-14 (A33228 TX, A33229 MD, A33230 DE, A33231 DC, A33232 VA).

CPT code application but it will be at the expense of strong, reliable data and Medicare beneficiary access.

Blending of Coding and Coverage

CMS also expresses concern that, in some situations, there is limited clinical experience with a new technology or service in the typical Medicare population. This concern may be more related to Medicare's coverage of new procedures, rather than coding, because evidence and experience are important to coverage decision-making.

On page 42706 of the Proposed Rule, CMS states that the original purpose of the New Technology APC was to create a mechanism for gathering "sufficient claims data to enable us to assign the services to a clinically appropriate APC." The New Technology APC was meant to provide a way to specifically identify and track utilization of a new technology or service when a specific CPT code was not yet available. The assignment of a New Technology APC has never been a guarantee of payment for a technology or service.

Coverage for new technologies typically remains at the discretion of Medicare contractors unless CMS makes a national coverage determination. During the coverage determination process, contractors or CMS representatives consult with appropriate representatives of the medical community to gain a better understanding of whether a new technology is appropriate for the Medicare population. The CPT code application proposal implies that CMS now views the opinions of the AMA CPT Editorial Panel as a proxy for the "greater medical community" and contractor discretion, thereby removing the Medicare contractors from the coverage decision-making process.

Conclusion

Since the implementation of the OPPS, the New Technology APC process has been highly effective. Numerous technologies have been assigned to New Technology APCs and, based on the data collected regarding utilization and associated costs, reassigned to conventional APCs. Boston Scientific applauds CMS efforts to include real world input regarding its New Technology APC decisions. However, we do not believe that the CPT process is suited to this purpose.

Recommendation and CMS Requested Action:

- Withdraw CMS proposal to require submission of a CPT code application prior to applying for a New Technology APC. By doing so, CMS will demonstrate its continued commitment to providing its beneficiaries with access to valuable new technologies, and it will maintain the distinction between reporting mechanisms and coverage.
- In lieu of using the CPT process as a proxy for physician participation, appoint a standing advisory committee of clinical representatives from different specialties and hospitals that CMS can call upon to review and provide input to CMS on New Technology APC applications. Individual members of the committee can provide input and information on the appropriateness of assigning a New Technology APC to new procedures. Such a committee would allow CMS to continue to review applications in a timely manner and provide additional insights from the greater medical community.

ATTACHMENT A

I. Device-Dependent APC Concerns

Boston Scientific remains supportive of packaging device costs to calculate payment rates under the prospective payment system for hospital outpatient services. However, we are very concerned about the continued inaccurate reflection of device-related costs in the claims data upon which APC payment rates are based. Hospitals' inconsistent billing practices and underreporting of c-codes, charge compression, CMS's inconsistent use of external data and heavy reliance on "single procedure" and "pseudo single" claims are all contributing to significant APC rate fluctuations from year to year. CY2006 rate-setting based on CY2004 claims (where c-code reporting for devices was optional) poses a unique set of challenges to accurately account for costs in device-related procedures.

While we appreciate CMS conducting a detailed analysis to examine policy options and mitigate significant rate cuts facing device-dependent APCs this year, we have serious concerns about CMS adjusting cost medians downward for 10 device-dependent APCs to 85% of respective cost medians for CY2005. We believe the magnitude of this reduction is too steep. Thus, for CY2006, we urge CMS to implement the recommended APC-specific adjustments described below, or alternatively, to set rates for these APCs at no less than 100% of CY2005 payment rates plus inflation and other update factors applied to all APCs. Beyond CY2006, we urge CMS to implement alternative rate-setting methodologies that more accurately and adequately reflect the costs associated with these and other device-related procedures that would be not be addressed by CMS's proposed policies.

Of particular concern to us are the median cost adjustments proposed for four device-dependent APCs – ***Implantation of Neurological Device*** **(APC 0222)**; ***Cochlear Implantation*** **(APC 0259)**, ***GI Procedures with Stents*** **(APC 0384)**; and ***Cardiac Electrophysiologic Recording/Mapping (0087)***. Detailed comments and policy recommendations for each are presented below:

A. Proposed Payments for Implantation of Neurological Device (APC 0222) and Cochlear Implantation (APC 0259)

Two APCs of particular concern are APC 0222 *Implantation of Neurological Device* and APC 0259 *Level VI Ear, Nose, and Throat Procedures*. In the 2006 Proposed Rule, the payment rate for each of these APCs was adjusted to approximately 85% of their 2005 payment rates. The proposed payment rates if adopted would fall below the hospital acquisition cost for these devices alone and would seriously endanger Medicare beneficiary access to these procedures. Our comments specific to these two APCs of concern follow below.

Payment for Implantation of Neurological Device (APC 0222)
The proposed payment rate for implanted neurostimulators is substantially below the hospital acquisition cost for this device. We believe that the external data submitted to CMS by other manufacturers supports a true hospital acquisition cost of $11,370 during 2004 for the device-dependent component of this APC.

We are greatly concerned that the continued payment reductions proposed for CY2006 will prevent many hospitals from covering their costs, impose significant losses for those hospitals

Submitter : **Mr. Mark Domyahn** **Date: 09/12/2005**

Organization : **Restore Medical**

Category : **Device Industry**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment - Please note, this is a resubmission of Temporary Comment Number 22364, and includes the comments in Microsoft Word format.

CMS-1501-P-344-Attach-1.DOC

HCPCS	PR 4/05	SI	Description	Brand
J0128	65.74	G	abarelix inj, 10 mg	Plenaxis
J0130	448.22	K	Abciximab inj, 10 mg	Reopro
J1120		N	acetazolamide sodium inj, up to 500 mg	Diamox
Q4075	0.03	K	acyclovir inj, 5 mg	Zovirax
J0135	294.63	K	adalimumab inj, 20 mg	Humira
J0152		B	adenosine inj 30mg, for diagnostic use	Adenoscan
J0150		B	adenosine inj 6mg for therapeutic use (use A9270 for phos)	Adenocard
C9223	12.33	K	adenosine inj 6mg, therap & diagnostc use (PO4-use A9270)	Adenoscan;Adenocard
J0170		N	adrenalin, epinephrine, up to 1 ml ampule	
J0180	121.11	G	agalsidase beta inj, 1 mg	Fabrazyme
J0200		N	alatrofloxacin mesylate inj, 100 mg	Trovan (obsolete-2003)
J9015	763.95	K	Aldesleukin, per SDV (22 mil units)	Proleukin
C9212	394.68	G	alefacept for intramuscular use, per 7.5 mg	Amevive
J0215		B	alefacept inj 0.5mg	Amevive (IM only)
C9211	593.60	G	alefacept, for intravenous use, per 7.5 mg	(IV Amevive is obsolete)
J9010	541.46	K	Alemtuzumab (inj), 10 mg	Campath
J0205	39.22	K	alglucerase inj, per 10 units	Ceredase
J0256	3.72	K	alpha-1-proteinase inhibitor inj, human, 10 mg	Prolastin;Aralast;Zemaira
J0270		B	alprostadil inj, per 1.25 mcg (NOT when self administered)	Prostin VR;Edex;Caverject
J0275		B	Alprostadil urethral suppository (not if self administered)	Muse
J2997	18.04	K	alteplase recombinant inj, 1 mg	Activase;Cathflo
J0207	395.75	K	amifostine inj, 500 mg	Ethyol
J7308	95.03	K	Aminolevulinic acid HCL 20% for topical admin, 354 mg UD	Levulan
J0280		N	aminophyllin inj, up to 250 mg	
J0282	11.00	K	AMIODARONE HYDROCHLORIDE inj, 30 MG	Cordarone
J1320		N	amitriptyline HCl inj, up to 20 mg	
J0300		N	amobarbital inj, up to 125 mg	Amytal
J0288	15.20	K	amphotericin B cholesteryl sulfate complex inj, 10 mg	Amphotec
J0285	20.64	K	Amphotericin B inj, 50 mg	Fungizone,Amphocin
J0287	19.09	K	amphotericin B lipid complex inj, 10 mg	Abelcet
J0289	31.27	K	amphotericin B liposome inj, 10 mg	Ambisome
J0295		N	ampicillin sod/sulbactam sod inj, per 1.5gm	Unasyn
J0290		N	ampicillin sodium inj, 500 mg	Polycillin;Totacillin
J0350	2353.53	K	anistreplase inj, per 30 units	Eminase
J7198	1.29	K	Anti-inhibitor (coagulant cmplx), per i.u.	Autoplex T, Feiba
J7197		N	Antithrombin III (human), per IU	Thrombate III;Atnativ
J8501	4.65	G	Aprepitant, oral, 5 mg	Emend

Q2003	12.51	K	APROTININ INJ, 10,000 KIU	Trasylol
J0395	68.08	K	Arbutamine HCL inj, 1 mg	? Not found in NDDF
C9121	12.45	K	argatroban inj, per 5 mg	Argatroban
J9017	35.20	K	Arsenic trioxide, 1 mg	Trisenox
J9020	54.71	K	Asparaginase, 10,000 units	Elspar
J0460		N	atropine sulfate inj, up to 0.3 mg	
J2910		N	aurothioglucose inj, up to 50 mg	Solganal
C9218	4.19	K	azacitidine inj, per 1 mg	Vidaza
J7500		N	Azathioprine – oral, 50 mg	Imuran; Azasan
J7501	30.18	K	Azathioprine – parenteral, 100 mg	
C9436	44.61	K	Azathioprine, parenteral, brand name, per 100 mg	Imuran
Q0144		E	AZITHROMYCIN DIHYDRATE, ORAL CAPS/POWDER, 1 GM Reinstated	Zithromax
J0456		N	azithromycin inj, 500 mg	Zithromax
J0475	10.68	K	baclofen inj, 10 mg	only intrathecal inj avail?
J0476		B	baclofen inj, 50 mcg for intrathecal trial	Lioresal IT (same NDC as C9007)
C9009	37.64	K	Baclofen intrathecal refill kit, per 2000 mcg	Lioresal IT (2000mcg/ml)
C9008	10.21	K	BACLOFEN INTRATHECAL REFILL KIT, PER 500 MCG	Lioresal IT (500mcg/ml)
C9007		N	BACLOFEN INTRATHECAL SCREENING KIT (1 AMP) =50mcg	Lioresal IT (same NDC as J0476)
Q2019	1496.77	K	basiliximab INJ, 20 mg	Simulect
J9031	139.90	K	BCG (intravesical) per instillation	TICE BCG, TheraCys BCG
J0515		N	benztropine mesylate inj, per 1 mg	Cogentin
J0702		N	betamethasone acetate/betamethasone sod phosphate, 3 mg	Celestone Soluspan
J0704		N	betamethasone sodium phosphate, per 4 mg	Celestone Phosphate
J0520		N	bethanechol Cl inj, Myotonachol or Urecholine, up to 5 mg	Urecholine
J9035	57.11	G	bevacizumab inj, 10 mg	Avastin
J0190		N	biperiden lactate inj, per 5 mg	Akineton
J0583	1.52	K	bivalirudin inj 1mg (ck on this one)	Angiomax
J9040	88.32	K	Bleomycin sulfate, 15 units	
C9417	130.56	K	Bleomycin sulfate, brand name, 15 units	Blenoxane
J9041	28.38	G	bortezomib inj, 0.1 mg	Velcade
J0585		K	Botulinum toxin type A, per unit	Botox
J0587		K	Botulinum toxin type B, per 100 units	Myobloc
J0945	59.01	K	brompheniramine maleate inj, per 10 mg	Codimal-A ;CPC-Alahist; Endafed; Rymed
J0592		N	buprenorphine hydrochloride inj, 0.1 mg	Buprenex
C1178	24.35	K	busulfan inj, per 6 mg	Busulfex
J8510	2.08	K	Busulfan; oral, 2 mg	Myleran
J0595	0.94 ?	K	butorphanol tartrate inj 1mg	Stadol
Q2001		E	CABERGOLINE, 0.5 MG ORAL	Dostinex

J0706		N	caffeine citrate inj, 5 mg	Cafcit
J0630		N	calcitonin salmon inj, up to 400 units	Miacalcin
J0636		N	calcitriol inj, 0.1 mcg	Calcijex
J0610		N	calcium gluconate inj, per 10 ml (1gm)	
J0620		N	calcium glycerophosphate/calcium lactate inj, per 10 ml	Calphosan
J8520	2.96	K	Capecitabine, oral, 150 mg	Xeloda
J8521		B	Capecitabine, oral, 500 mg	Xeloda
J9045	129.96	K	Carboplatin, 50 mg	Paraplatin
J9050	65.94	K	Carmustine, 100 mg	
C9437	79.42	K	Carmustine, brand name, 100 mg	BiCNU
J0637	28.78	K	caspofungin acetate inj, 5 mg	Cancidas
J0690		N	cefazolin sodium inj, 500 mg	Kefzol,Ancef
J0692		N	cefepime hydrochloride inj, 500 mg	Maxipime
J0698		N	Cefotaxime sodium inj, per gm	Claforan
J0694		N	cefoxitin sodium inj, 1 gm	Mefoxin
J0713		N	ceftazidime inj, per 500 mg	Fortaz;Tazicef;Tazidime
J0715		N	ceftizoxime sodium inj, per 500 mg	Cefizox
J0696		N	ceftriaxone sodium inj, per 250 mg	Rocephin
J0697		N	cefuroxime sodium inj, per 750 mg	Zinacef;Kefurox
J1890		N	cephalothin sodium inj, up to 1 gram	Keflin
J0710		N	cephapirin sodium inj, up to 1 gm	Cefadyl
J9055	49.66	G	cetuximab inj, 10 mg	Erbitux
J0720		N	chloramphenicol sodium succinate inj, up to 1gm	Chloromycetin
J1990		N	chlordiazepoxide HCl inj, up to 100 mg	Librium
J2400		N	chloroprocaine hydrochloride inj, per 30 ml	Nesacaine
J0390		N	chloroquine hydrochloride inj, up to 250 mg	Aralen
J1205		N	chlorothiazide sodium inj, per 500 mg	Diuril
J3230		N	chlorpromazine HCl inj, up to 50 mg	Thoradol;Thorazine=obs
J0725		N	chorionic gonadotropin inj, per 1,000 USP units	A.P.L.,Chorex,Choron,etc
J0740	407.58	K	cidofovir inj, 375 mg	Vistide
J0743	11.37	K	cilastatin sodium/imipenem inj, per 250 mg	Primaxin
J0744		N	ciprofloxacin for intravenous infusion, 200 mg	Cipro
J9062		B	Cisplatin, 50 mg	
C9418	11.42	K	Cisplatin, powder or solution, brand name, per 10 mg	Platinol
J9060	7.73	K	Cisplatin, powder or solution, per 10 mg	
C9419	36.72	K	cladribine inj, brand name, per 1 mg	Leustatin
J9065	24.84	K	cladribine inj, per 1 mg	
C9129	29.21?	G	clofarabine inj 1mg	Clolar

J0735		N	clonidine hydrochloride inj, 1 mg	Duraclon
J0745		N	codeine phosphate inj, per 30 mg	
J0760		N	colchicine inj, per 1 mg	
J0770		N	colistimethate sod inj, up to 150 mg	Coly-Mycin M
J7304		E	Contraceptive supply, hormone-containing patch, each	
Q2005	353.70	K	CORTICORELIN OVINE TRIFLUTATE INJ, PER DOSE (100MCG? =VIAL)	Acthrel
J0800		N	corticotropin inj, up to 40 units	ACTH,Acthar
J0835		N	cosyntropin inj, per 0.25 mg	Cortrosyn
J9091		B	Cyclophosphamide, 1.0 gram	
J9070	2.77	K	Cyclophosphamide, 100 mg	
J9092		B	Cyclophosphamide, 2.0 gram	
J9080		B	Cyclophosphamide, 200 mg	
J9090		B	Cyclophosphamide, 500 mg	
C9420	4.10	K	Cyclophosphamide, brand name, 100 mg	Cytoxan*; Neosar**
J9096		B	Cyclophosphamide, lyophilized, 1.0 gram	
J9093	2.36	K	Cyclophosphamide, lyophilized, 100 mg	
J9097		B	Cyclophosphamide, lyophilized, 2.0 gram	
J9094		B	Cyclophosphamide, lyophilized, 200 mg	
J9095		B	Cyclophosphamide, lyophilized, 500 mg	
C9421	3.50	K	Cyclophosphamide, lyophilized, brand name, 100 mg	Cytoxan Lyophilized
J8530		N	Cyclophosphamide, oral, 25 mg	Cytoxan
J7502	1.78	K	Cyclosporine, oral, 100 mg	
J7515		N	Cyclosporine, oral, 25 mg	
C9438	1.78	K	Cyclosporine, oral, brand name, 100 mg	Sandimmune;Neoral*;Gengraf**
J7516		N	Cyclosporine, parenteral, 250 mg	Sandimmune
J9098		N	Cytarabine liposome, 10 mg	Depocyt
J9100	1.55	K	Cytarabine, 100 mg	
J9110		B	Cytarabine, 500 mg	
C9422	2.28	K	Cytarabine, brand name, 100 mg	Tarabine, Cytosar-U (obsolete), (Depocyt--see J9098)
J0850	622.13	K	cytomegalovirus immune globulin IV (human), per vial (1gm?)	Cytogam (1gm vial obsolete 2/99; 2.5gm vial avail as of 3/05)
J7070		N	D5W Infusion, , 1000 cc	
J9130	6.14	K	Dacarbazine, 100 mg	
J9140		B	Dacarbazine, 200 mg	
C9423	8.15	K	Dacarbazine, brand name, 100 mg	DTIC-Dome
J7513	413.48	K	Daclizumab, parenteral, 25 mg	Zenapax
J9120		N	Dactinomycin, 0.5 mg	Cosmegen
J1645		N	dalteparin sod inj, per 2500 IU	Fragmin
J0878	0.29	G	daptomycin inj, 1 mg	Cubicin

J0880		B	darbepoetin alfa inj, 5 mcg	Aranesp
J9151	56.44	K	Daunorubicin citrate, liposomal formulation, 10 mg	Daunoxome
J9150	35.94	K	Daunorubicin, 10 mg	
C9424	53.14	K	Daunorubicin, brand name, 10 mg	Cerubidine
J0895		N	DEFEROXAMINE MESYLATE inj, 500 MG	Desferal
J9160	1438.80	K	Denileukin diftitox, 300 mcg	Ontak
J1000		N	depo-estradiol cypionate inj, up to 5 mg	Depo-Estradiol
J2597	4.52	K	desmopressin acetate inj, per 1 mcg	dDAVP
J1094		N	dexamethasone acetate, 1 mg	misc "LA" products
J1100		N	DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Decadron,Hexadrol,etc.
C9410	123.93	K	dexrazoxane HCl inj, brand name, per 250 mg	Zinecard
J1190	113.28	K	dexrazoxane hydrochloride inj, per 250 mg	
J7100		N	dextran 40 infusion, 500 ml	Gentran;Rheomacrodex,
J7110		N	dextran 75 infusion, 500 ml	LMD
J7042		N	dextrose 5% /normal saline (500 ml = 1 unit)	
J7060		N	dextrose 5% /water (500 ml = 1 unit)	
J3360		N	diazepam inj, up to 5 mg	Valium
J1730		N	diazoxide inj, up to 300 mg	Hyperstat IV
J0500		N	dicyclomine HCl inj, up to 20 mg	Bentyl,Antispas
J9165	6.98	K	Diethylstilbestrol diphosphate, 250 mg	
C9439	10.32	K	Diethylstilbestrol diphosphate, brand name, 250 mg	Stilphostrol
Q2006	332.00	K	DIGOXIN IMMUNE FAB (OVINE) INJ, PER VIAL	Digibind
J1160		N	digoxin inj, up to 0.5 mg	Lanoxin
J1110		N	dihydroergotamine mesylate inj, per 1 mg	DHE-45
J1240		N	dimenhydrinate inj, up to 50 mg	Dramamine
J0470		N	dimercaprol inj, per 100 mg	BAL in oil
J1200		N	diphenhydramine HCl inj, up to 50 mg	Benadryl
J1245	11.70	K	dipyridamole inj, per 10 mg	Persantine
J1212	53.34	K	DMSO, dimethyl sulfoxide inj, 50%, 50 ml	Rimso-50
J1250		N	dobutamine hydrochloride inj, per 250 mg	Dobutrex
J9170	312.69	K	Docetaxel, 20 mg	Taxotere
J1260	14.38	K	DOLASETRON MESYLATE inj, 10 MG	Anzemet
Q4076	0.80	K	dopamine HCl inj, 40MG	Intropin
J1270		N	doxercalciferol inj, 1 mcg	Hectorol
J9000	4.69	K	Doxorubicin HCl, 10 mg	
C9415	6.94	K	Doxorubicin hCl, brand name, 10 mg	Adriamycin
J9001	343.78	K	Doxorubicin hydrochloride, all lipid formulations, 10 mg	Doxil
J1810		E	droperidol and fentanyl citrate inj, up to 2 ml ampule	Innovar

J1790		N	droperidol inj, up to 5 mg	Inapsine
J3535		E	Drug administered through a metered dose inhaler	
J1180		N	dyphylline inj, up to 500 mg	Dilor
J0600		N	edetate calcium disodium inj, up to 1000mg (EDTA)	Endrate;Cal Disod Versenate
J3520		E	Edetate disodium per 150 mg	Disodium Edetate
Q2002	1.50	K	ELLIOTTS B SOLUTION INJ, PER ML (intrathecal)	NDC = 67871000710
J1650		N	enoxaparin sod inj, 10 mg	Lovenox
J9178	24.14	K	epirubicin HCL inj, 2 mg	Ellence
Q0136	11.09	K	epoetin alpha inj, (for non ESRD use), per 1,000 units	Epogen; Procrit
J1325	15.78	K	epoprostenol inj, 0.5 mg	Flolan
J1327	11.21	K	eptifibatide inj, 5 mg	Integrilin
J1330		N	ergonovine maleate inj, up to 0.2 mg	Ergotrate
J1335		N	ertapenem sodium inj 500mg	Invanz
J1364		N	erythromycin lactobionate inj, per 500 mg	Erythrocin
J1380		N	estradiol valerate inj, up to 10 mg	Delestrogen; Estro Span
J1390		N	estradiol valerate inj, up to 20 mg	Valergen; Edrogen
J0970		N	estradiol valerate inj, up to 40 mg	
J1410	45.51	K	estrogen conjugated inj, per 25 mg	Premarin
J1435		N	estrone inj, per 1 mg	multiple products
J1438	135.56	K	etanercept inj, 25 mg (not for use when self administered)	Enbrel
Q2007	63.29	K	ETHANOLAMINE OLEATE INJ, 100 MG	Ethamolin
J1436		N	etidronate disodium inj, per 300 mg	Didronel
J9181	0.83	K	Etoposide, 10 mg (inj)	
J9182		B	Etoposide, 100 mg (inj)	
C9425	1.22	K	Etoposide, brand name, 10 mg	Vepesid, Etopophos
J8560	21.91	K	Etoposide, oral, 50 mg	
C9414	25.71	K	Etoposide, oral, brand name, 50 mg	Vepesid
J7193	0.98	K	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Alphanine, Mononine
J7195	0.98	K	Factor IX (antihemophilic factor, recombinant) per IU	Benefix
J7194	0.32	K	Factor IX complex, per IU	Konyne,Profilnine,Proplex
Q0187	1410.34	K	Factor VIIa (coagulation factor, recombinant) per 1.2 mg	Novoseven
J7190	0.76	K	Factor VIII (anti-hemophilic factor, human), per IU	Alphanate,Koate,Monarc,Monoclate,Hemofil
J7191	1.78	K	Factor VIII (anti-hemophilic factor, porcine), per IU	Hyate:C
J7192	1.10	K	Factor VIII (anti-hemophilic factor, recombinant), per IU	Advate,Genarc,Helixate,Kogenate,Recombinate,Bioclate,Refacto
J7199		B	Factor, Hemophilia clotting, not otherwise classified	
J3010		N	fentanyl citrate inj, 0.1 mg	Sublimaze
J1440	162.41	K	filgrastim (G-CSF) inj, 300 mcg	Neupogen
J1441	274.40	K	filgrastim (G-CSF) inj, 480 mcg	Neupogen

J9200	66.24	K	**Floxuridine, 500 mg**	
C9426	97.92	K	**Floxuridine, brand name, 500 mg**	FUDR
J1450		N	**fluconazole inj, 200 mg**	Diflucan
J9185	311.09	K	**Fludarabine phosphate, 50 mg**	Fludara
C9225	?	?	**Fluocinolone acetonide intravitreal implant, per 0.59mg** (new 10/05)	Retisert
J9190		N	**Fluorouracil, 500 mg**	Adrucil
J2680		N	**fluphenazine decanoate inj, up to 25 mg**	generic only
Q2008	10.04	K	**fomepizole inj, 15 mg**	Antizol
J1452	939.79	K	**FOMIVIRSEN SODIUM inj, INTRAOCULAR, 1.65 MG**	Vitravene
J1652		N	**fondaparinux sod inj, 0.5 mg**	Arixtra
J1455	11.80	K	**foscarnet sodium inj, per 1000 mg**	Foscavir
Q2009	5.31	K	**FOSPHENYTOIN INJ, 50 MG**	Cerebyx
J9395	79.65	K	**fulvestrant inj, 25 mg**	Faslodex
J1940		N	**furosemide inj, up to 20 mg**	Lasix
J1457	1.28	K	**gallium nitrate inj, 1 mg**	Ganite
C9224	?	?	**Galsulfase inj, per 5mg** (effective 10/05)	Naglazyme
J1460	31.63	K	**gamma globulin, intramuscular, 1 cc**	Gammar, Gamastan, Baygam
J1550		B	**gamma globulin, intramuscular, 10 cc**	
J1470		B	**gamma globulin, intramuscular, 2 cc**	
J1480		B	**gamma globulin, intramuscular, 3 cc**	
J1490		B	**gamma globulin, intramuscular, 4 cc**	
J1500		B	**gamma globulin, intramuscular, 5 cc**	
J1510		B	**gamma globulin, intramuscular, 6 cc**	
J1520		B	**gamma globulin, intramuscular, 7 cc**	
J1530		B	**gamma globulin, intramuscular, 8 cc**	
J1540		B	**gamma globulin, intramuscular, 9 cc**	
J1560		B	**gamma globulin, intramuscular, over 10 cc**	
J1570		N	**ganciclovir sodium inj, 500 mg**	Cytovene
J7310		N	**Ganciclovir, 4.5 mg, long-acting implant**	Vitrasert
J1590		N	**gatifloxacin inj, 10 mg**	Tequin
J8565		E	**Gefitinib, oral, 250 mg**	Iressa
J9201	105.73	K	**Gemcitabine HCL, 200 mg**	Gemsar
J9300	2285.18	K	**Gemtuzumab ozogamicin, 5 mg**	Mylotarg
J1580		N	**gentamicin, Garamycin inj, up to 80 mg**	Garamycin
J1595		N	**Glatiramer acetate inj 20mg**	Copaxone
J1610	46.16	K	**glucagon hydrochloride inj, per 1 mg**	Glucagen
J1600		N	**gold sodium thiomalate inj, up to 50 mg**	Myochrysine;Aurolate
C9435	17.08	K	**gonadorelin HCl inj, brand name, per 100 mcg**	Factrel

J1620	17.08	K	gonadorelin hydrochloride inj, per 100 mcg	Lutrepulse
J9202	390.09	K	Goserelin acetate implant, per 3.6 mg	Zoladex
J1626	16.20	K	granisetron hydrochloride inj, 100 mcg	Kytril
J1631		N	haloperidol decanoate inj, per 50 mg	Haldol Decanoate
J1630		N	haloperidol inj, up to 5 mg	Haldol
Q2011	6.47	K	HEMIN INJ, PER 1 MG	Panhematin
J1642		N	heparin sodium inj (Heparin Lock Flush), per 10 units	
J1644		N	heparin sodium inj, per 1000 units	
C9105	118.32	K	HEPATITIS B IMMUNE GLOBULIN inj, PER 1 ML	H-BIG;Bayhep B;Nabi-HB
Q2020		E	HISTRELIN ACETATE INJ, 10 MCG	Supprelin
J7317	53.94	K	Hyaluronate (Sod) per 20-25 mg dose for intra-articular inj	
C9413	53.94	K	hyaluronate sod per 20-25 mg dose for intra-articular inj, brand name	Hyalgan 20mg, Supartz 25mg syringes
C9220	200.13	G	hyaluronate sod per 30 mg dose, for intra-articular injection	Only Orthovisc comes in 30mg size
J3470		N	hyaluronidase inj, up to 150units	Amphadase, Vitrase (Wydase is obsolete)
J0360		N	hydralazine HCl inj, up to 20 mg	Apresoline
J1700		N	hydrocortisone acetate inj, up to 25 mg	
J1710		N	hydrocortisone sod phosphate inj, up to 50 mg	
J1720		N	hydrocortisone sodium succinate inj, up to 100 mg	Solu-Cortef
J1170		N	hydromorphone inj, up to 4 mg	Dilaudid
J3410		N	hydroxyzine HCl inj, up to 25 mg	Vistaril
J7320	203.70	K	Hylan G-F 20, 16 mg, for intra articular injection	Synvisc
J1980		N	hyoscyamine sulfate inj, up to 0.25 mg	Levsin
J1742	123.79	K	ibutilide fumarate inj, 1 mg	Corvert
J9211	66.58	K	Idarubicin hydrochloride, 5 mg	
C9429	66.58	K	Idarubicin hydrochloride, brand name, 5 mg	Idamycin
C9427	90.80	K	Ifosfamide, brand name, 1 gm	Ifex
J9208	72.81	K	Ifosfamide, per 1 gm	
J1785	3.91	K	imiglucerase inj, per unit	Cerezyme
J1563		E	immune globulin IV (code deleted 3/31/05)	
Q9941	80.68	K	immune globulin, intravenous, lyophilized, 1 G	Gammar,Carimune,Panglobulin,Venoglobulin-I
Q9942	0.75	K	immune globulin, intravenous, lyophilized, 10 mg	Gammagard,Iveegam,Polygam
Q9943	80.68	K	immune globulin, intravenous, non-lyophilized, 1 G	Flebogamma,Gamunex,Octagam
Q9944	0.75	K	immune globulin, intravenous, non-lyophilized, 10 mg	Gamimune,Venoglobulin-S
J7599		N	immunosuppressive drug, not otherwise classified	
J1745	57.40	K	infliximab inj, 10 mg	Remicade
J1815		N	insulin inj, per 5 units	
J9213	30.48	K	interferon alfa-2A, recombinant, 3 million units	Roferon-A
J9214	13.00	K	interferon alfa-2B, recombinant, 1 million units	Intron-A

J9212		N	interferon alfacon-1 inj, recombinant, 1 mcg	Infergen
J9215	8.17	K	interferon alfa-N3 (human leukocyte derived) 250,000 IU	Alferon N
Q3025	74.44	K	interferon beta-1a inj, 11 mcg, intramuscular	Avonex (supplied only as 30mcg)
Q3026		E	interferon beta-1a inj, 11 mcg, subcutaneous	Rebif
J1825		E	interferon beta-1a inj, 33 mcg	Avonex (supplied only as 30mcg), Rebif
J1830	58.73	K	interferon beta-1b inj, per 0.25 mg (NOT when self-administered)	Betaseron (supplied only as 0.3mg vial)
J9216	264.18	K	Interferon gamma 1-B, 3 million units	Actimmune (supplied as 2 mil unit vial)
J9206	127.33	K	Irinotecan, 20 mg	Camptosar
J1750	14.78	K	iron dextran inj, 50 mg	Infed, Dexferrum
J1756	0.53	K	iron sucrose (complex) inj, 1 mg	Venofer
Q2004		N	IRRIG SOLN FOR TX OF BLADDER CALCULI,PER 500 ML	Renacidin
J1835	42.10	K	itraconazole inj, 50 mg	Sporanox
J1840		N	kanamycin sulfate inj, up to 500 mg	Kantrex
J1850		N	kanamycin sulfate inj, up to 75 mg	
J1885		N	ketorolac tromethamine inj, per 15 mg	Toradol
J3570		E	Laetrile, amygdalin, vitamin B-17	
J1931	22.74	G	laronidase inj, 0.1 mg	Aldurazyme
Q2021	130.30	K	LEPIRUDIN INJ, 50 MG	Refludan
J0640		N	leucovorin calcium inj, per 50 mg	Wellcovorin
J9217	543.72	K	Leuprolide acetate (for depot suspension), 7.5 mg	Lupron Depot
J9219	4717.72	K	Leuprolide acetate implant, 65 mg	Viadur
J1950	451.98	K	leuprolide acetate inj (for depot suspension), per 3.75 mg	Lupron Depot
C9430	21.41	K	Leuprolide acetate, brand name, per 1 mg	Lupron, Eligard
J9218	14.48	K	Leuprolide acetate, per 1 mg	(generic)
J1955		B	levocarnitine inj, per 1 gm	Carnitor
J1956		N	levofloxacin inj, 250 mg	Levaquin
J7302		E	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Mirena System?
J1960		N	levorphanol tartrate inj, up to 2 mg	Levo-Dromoran
J2010		N	lincomycin HCl inj, up to 300 mg	Lincocin
J2020	32.15	K	linezolid inj, 200 mg	Zyvox
J2060		N	lorazepam inj, 2 mg	Ativan
J7504	243.50	K	Lymphocyte immune globulin/antithymocyte globulin,equine,250mg	Atgam
J7511	312.41	K	Lymphocyte immune globulin/antithymocyte globulin,rabbit,25 mg	Thymoglobulin
J3475		N	magnesium sulfate inj,per 500 mg	
J2150		N	mannitol inj, 25% in 50 ml	
J9230		N	Mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Mustargen
J1056		E	medroxyprogesterone acet/estradiol cypionate inj, 5mg/25mg	
J1055		E	medroxyprogesterone acetate inj for contraceptive use, 150mg	

J1051	17.56	K	medroxyprogesterone acetate inj, 50 mg	Depo-Provera
J9245	367.03	K	melphalan hydrochloride inj, 50 mg	Alkeran
J8600		N	Melphalan, oral 2 mg	Alkeran
J2175		N	meperidine hydrochloride inj, per 100 mg	Demerol
J2180		N	meperidine/promethazine HCl inj, up to 50 mg (OBS?)	Mepergan (obsolete brand)
J0670		N	mepivacaine hydrochloride inj, per 10 ml	Carbocaine;Polocaine
J2185	3.48	K	Meropenem inj 100mg	Merrem
J9209	17.66	K	Mesna, 200 mg	
C9428	23.79	K	Mesna, brand name, 200 mg	Mesnex
J0380		N	metaraminol bitartrate inj, per 10 mg	Aramine
J7674	0.40	K	Methacholine Cl admin as inhal soln via nebulizer, per 1mg	Provocholine
J1230	13.32	K	methadone HCl inj, up to 10 mg	Dolophine
J2800		N	methocarbamol inj, up to 10 ml	Robaxin
J9250		N	Methotrexate sodium, 5 mg	Folate, Mexate
J9260		B	Methotrexate sodium, 50 mg	Folate, Mexate
J8610		N	Methotrexate, oral, 2.5 mg	Rheumatrex; Trexall
J0210		N	methyldopate HCl inj, up to 250 mg	Aldomet
J2210		N	methylergonovine maleate inj, up to 0.2 mg	Methergine
J1020		N	methylprednisolone acetate inj, 20 mg	Depo-Medrol
J1030		N	methylprednisolone acetate inj, 40 mg	
J1040		N	methylprednisolone acetate inj, 80 mg	
J7509		N	Methylprednisolone oral, per 4 mg	
J2930		N	methylprednisolone sod succinate inj, up to 125 mg	Solu-Medrol
J2920		N	methylprednisolone sod succinate inj, up to 40 mg	
J2765		N	metoclopramide HCl inj, up to 10 mg	Reglan
J2250		N	midazolam hydrochloride inj, per 1 mg	Versed
J2260	8.22	K	milrinone lactate inj, 5 MG	Primacor
J9290		B	Mitomycin, 20 mg	
J9291		B	Mitomycin, 40 mg	
J9280	30.91	K	Mitomycin, 5 mg	
C9432	45.70	K	Mitomycin, brand name, 5 mg	Mutamycin
J9293	313.96	K	mitoxantrone hydrochloride inj, per 5 mg	Novantrone
J2275		N	morphine sulf inj (preservative-free soln), per 10 mg	Astramorph PF
J2271		N	morphine sulfate inj, 100 mg	
J2270		N	morphine sulfate inj, up to 10 mg	
J2280	4.15	K	moxifloxacin inj 100mg	Avelox
J7505	747.31	K	MUROMONAB-CD3, PARENTERAL, 5 MG	Orthoclone OKT-3
J7517	2.46	K	Mycophenolate mofetil, oral, 250 mg	CellCept

J7518	2.42	G	Mycophenolic acid, oral, 180 mg	Myfortic
J2300		N	nalbuphine hydrochloride inj, per 10 mg	Nubain
J2310		N	naloxone hydrochloride inj, per 1 mg	Narcan
J2321		N	nandrolone decanoate inj, up to 100 mg	Anabolin LA.
J2322		N	nandrolone decanoate inj, up to 200 mg	Deca-Durabolin,etc
J2320		N	nandrolone decanoate inj, up to 50 mg	
J3530	92.41	K	Nasal vaccine inhalation	Flumist?
Q4079	6.39	G	natalizumab inj, per 1 mg	Tysabri (obs)
J2710		N	neostigmine methylsulfate inj, up to 0.5 mg	Prostigmin
J2324	66.23	K	nesiritide inj, 0.25 mg	Natrecor
J9999		N	Not otherwise classified, antineoplastic drugs	
J2353	69.44	K	octreotide inj, depot, 1mg for IM use	Sandostatin
J2354	3.72	K	octreotide inj, non-depot, 25mcg SC/ IV use	Sandostatin
J2357	15.69	G	omalizumab inj, 5 mg	Xolair
J2405	5.54	K	ondansetron hydrochloride inj, per 1 mg	Zofran
Q0179	26.12	K	Ondansetron oral, 8mg, only with chemo	Zofran
J2355	258.51	K	Oprelvekin inj, 5 mg	Neumega
J2360		N	orphenadrine citrate inj, up to 60 mg	Norflex;Blanex;Flexoject
J2700		N	oxacillin sodium inj, up to 250 mg	Prostaphlin;Bactocill
J9263		B	oxaliplatin inj, 0.5 mg	Eloxatin
C9205	82.53	G	oxaliplatin inj, per 5 mg	Eloxatin
J2410		N	oxymorphone HCl inj, up to 1 mg	Numorphan
J2460		N	oxytetracycline HCl inj, up to 50 mg	Terramycin
J2590		N	oxytocin inj, up to 10 units	Pitocin
C9127	8.44	G	paclitaxel protein bound particles, per 1 mg inj	Abraxane
J9265	79.04	K	Paclitaxel, 30 mg	Onxol
C9431	93.50	K	Paclitaxel, brand name, 30 mg	Taxol
C9003	576.51	K	PALIVIZUMAB-RSV-IGM, PER 50 MG	Synagis
J2469	18.09	G	palonosetron HCl inj, 25 mcg	Aloxi
C9411	160.65	K	pamidronate disodium inj, brand name, per 30 mg	Aredia
J2430	128.74	K	pamidronate disodium inj, per 30 mg	
C9113		N	PANTOPRAZOLE SODIUM inj, PER VIAL	Protonix
J2440		N	papaverine HCl inj, up to 60 mg	
J2501		N	paricalcitol inj, 1 mcg	Zemplar
Q2012		N	PEGADEMASE BOVINE INJ, 25 IU	Adagen
C9128	1054.70	G	pegaptanib sodium inj, per 0.3 mg	Macugen
J9266	1247.08	K	Pegaspargase, per single dose vial	Oncaspar
J2505	2448.50	K	pegfilgrastim inj 6mg	Neulasta

J9305	40.54	G	pemetrexed inj, 10 mg	Alimta
J0580		N	penicillin G benzathine inj, up to 2,400,000 units	Bicillin L-A
J0570		N	penicillin G benzathine, up to 1,200,000 units	Bicillin L-A
J0560		N	penicillin G benzathine, up to 600,000 units	Bicillin L-A
J0540		N	penicillin G benzathine+penicillin G procaine,up to 1,200,000 uts	Bicillin C-R
J0550		N	penicillin G benzathine+penicillin G procaine,up to 2,400,000 uts	Bicillin C-R
J0530		N	penicillin G benzathine+penicillin G procaine,up to 600,000 uts	Bicillin C-R
J2540		N	penicillin G potassium inj, up to 600,000 units	Pfizerpen
J2510		N	penicillin G procaine aqueous inj, up to 600,000 units	Crysticillin
Q2013	131.99	K	PENTASTARCH INJ 10%, PER 100 ML	Pentaspan
J3070		N	pentazocine inj, 30 mg	Talwin
J2515		N	pentobarbital sodium inj, per 50 mg	Nembutal
J9268	1683.24	K	Pentostatin, per 10 mg	Nipent
J3310		N	perphenazine inj, up to 5 mg	(OBS)
J2560		N	phenobarbital sodium inj, up to 120 mg	Luminal
J2760	20.82	K	phentolamine mesylate inj, up to 5 mg	generic only
J2370		N	phenylephrine HCl inj, up to 1 ml	Neo-Synephrine
J1165		N	phenytoin sodium inj, per 50 mg	Dilantin
J3430		N	phytonadione (vitamin K) inj, per 1mg	Aqua-Mephyton
J2543		N	piperacillin sod/tazobactam sod inj, 1gm/0.125gm (1.125gm)	Zosyn
J9270	93.80	K	Plicamycin, 2.5 mg	Mithracin
J9600	2274.78	K	Porfimer sodium, 75 mg	Photofrin
J3480		N	potassium chloride inj, per 2 mEq	
J2730		N	pralidoxime chloride inj, up to 1 gm	Protopam
J2650		N	prednisolone acetate inj, up to 1 ml	Predicort
J7510		N	Prednisolone oral, per 5 mg	Delta-Cortef
J7506		N	Prednisone, oral, per 5mg	
J8999		B	Prescription drug, oral, chemotherapeutic, NOS	
J8499		E	Prescription drug, oral, non chemotherapeutic, NOS	
J2690		N	procainamide HCl inj, up to 1 gm	Pronestyl
J0780		N	prochlorperazine inj, up to 10 mg	Compazine
J2675		N	progesterone inj, per 50 mg	Prolution
J2950		N	promazine HCl inj, up to 25 mg	(Sparine inj=obsolete)
J2550		N	promethazine HCl inj, up to 50 mg	Phenergan
J1800		N	propranolol HCl inj, up to 1 mg	Inderal
J2720		N	protamine sulfate inj, per 10 mg	generic only
J2725	40.81	K	protirelin inj, per 250 mcg	Thyrel TRH
J3415	2.85	K	pyridoxine HCl inj 100mg	

J2770		N	quinupristin/dalfopristin inj, 500 mg (150/350)	Synercid
J2780		N	ranitidine hydrochloride inj, 25 mg	Zantac
J2783	107.19	G	rasburicase inj 0.5mg	Elitek
J1565	16.55	K	respiratory syncytial virus immune globulin, IV, 50 mg	Respigam
J2993	1192.09	K	reteplase inj, 18.1 mg	Retavase
J2790		N	Rho d immune globulin inj, human, full dose, 300 mcg	Rhogam;Bayrho-D
J2788	30.38	K	Rho d immune globulin inj, human, minidose, 50 mcg	Micrhogam
J2792	17.95	K	Rho d immune globulin, IV, human, solvent detergent, 100 IU	Winrho
J7120		N	Ringers lactate infusion, up to 1000 cc	
J2794	4.63	G	risperidone inj, long acting, 0.5 mg	Risperdal
J9310	437.83	K	Rituximab, 100 mg	Rituxan
J2795		N	ropivacaine hydrochloride inj, 1 mg	Naropin
J7030		N	saline (NS) infusion solution, 1000 cc	
J7050		N	saline (NS) infusion solution, 250cc	
J7040		N	saline (NS) infusion, solution, sterile (500 ml = 1 unit)	
J7130		N	Saline Hypertonic solution, 50 or 100 meq/20cc vial	
J7051		N	saline or water Sterile, up to 5cc	
J2820	25.39	K	sargramostim (GM-CSF)inj, 50 mcg	Leukine
Q2014		N	SERMORELIN ACET INJ, 0.5MG (0.5mg amp obs; diagnostic 50mcg)	Geref
J7520	6.23	K	SIROLIMUS, ORAL, 1 MG	Rapamune
J2916	6.03	K	Sod ferric gluconate complex in sucrose inj, 12.5 mg	Ferrlecit
J2912		N	sodium chloride inj, 0.9%, per 2 ml	
J2940		N	somatrem inj, 1 mg	Protropin = obs
J2941	280.87	K	somatropin inj, 1 mg	Genotropin,Serostim,etc
J3320		N	spectinomycin dihydrochloride inj, up to 2gm	Trobocin
J2995	43.41	K	streptokinase inj, per 250,000 IU	Streptase
J3000		N	streptomycin inj, up to 1 gm	
J9320		N	Streptozocin, 1 gm	Zanosar
J0330		N	succinylcholine chloride inj, up to 20 mg	Anectine,Quelicin,Sucostrin,Sux-Cert
J3030		N	sumatriptan succinate inj, 6 mg (NOT if self-administered)	Imitrex
J7507	3.05	K	Tacrolimus, oral, per 1 mg	Prograf
J7525		N	TACROLIMUS, PARENTERAL, 5 MG	Prograf
J8700	6.42	K	TEMOZOLOMIDE, ORAL, 5 MG	Temodar
J3100	2350.98	K	tenecteplase inj, 50 mg	Tnkase
Q2017	224.94	K	TENIPOSIDE INJ, 50 MG	Vumon
J3105		N	terbutaline sulfate inj, up to 1 mg	Brethine
J3110		B	teriparatide inj, 10 mcg	Forteo
J1070		N	testosterone cypionate inj, up to 100 mg	Depo-Testosterone

J1080		N	testosterone cypionate, 1 cc, 200 mg	Depo-Testosterone
J1060		N	testosterone cypionate/estradiol cypionate inj, up to 1 ml	generic only (Depo-Testadiol is obsolete)
J3120		N	testosterone enanthate inj, up to 100 mg	Delatestryl
J3130		N	testosterone enanthate inj, up to 200 mg	Delatestryl
J0900	38.27	K	testosterone enanthate/estradiol valerate inj, up to 1 cc	Deladumone
J3150		N	testosterone propionate inj, up to 100 mg	(generic)
J3140		N	testosterone susp inj, up to 50 mg	
J1670		N	tetanus immune globulin inj, human, up to 250 units	Hyper-Tet
J0120	99.99	K	tetracycline inj, up to 250 mg	
J2810		N	theophylline inj, per 40 mg	
J3411	0.68	K	thiamine HCl inj 100mg	
J3280		N	thiethylperazine maleate inj, up to 10 mg	Torecan
J9340	45.31	K	Thiotepa, 15 mg	generic only
C9433	66.98	K	Thiotepa, brand name, 15 mg	Thioplex=obsolete
J3240	699.60	K	thyrotropin alpha inj, 0.9 mg, provided in 1.1 mg vial	Thyrogen
J1655		N	tinzaparin sod inj, 1000 IU	Innohep
J3246	8.24	K	tirofiban HCl inj, 0.25mg	Aggrastat
J3260		N	tobramycin sulfate inj up to 80 mg	Nebcin
J2670		N	tolazoline HCl inj, up to 25 mg	(Priscoline = OBS)
J9350	697.76	K	Topotecan, 4 mg	Hycamtin
J3265		N	torsemide inj, 10 mg/ml	Demadex
J9355	50.79	K	Trastuzumab, 10 mg	Herceptin
Q4077	54.02	K	treprostinil inj, 1 mg	Remodulin
J3301		N	triamcinolone acetonide inj, per 10 mg	Kenalog
J3302		N	triamcinolone diacetate inj, per 5 mg	Aristocort Forte,Intralesional
J3303		N	triamcinolone hexacetonide inj, per 5 mg	Aristospan
J3400		N	triflupromazine HCl inj, up to 20 mg	Vesprin-OBS
J3250		N	trimethobenzamide HCl inj, up to 200 mg	Tigan
J3305	142.50	K	trimetrexate glucuronate inj, per 25 mg	Neutrexin
J3315	362.78	K	triptorelin pamoate inj, 3.75 mg	Trelstar
J3590		N	Unclassified biologics	
J3490		N	Unclassified drugs	
C9399		A	Unclassified drugs or biologicals	
J3350	69.74	K	urea inj, up to 40 gm	Ureaphil-OBS
Q2018	56.59	K	UROFOLLITROPIN INJ, 75 IU	Bravelle,Fertinex,Metrodin
J3364		N	urokinase inj, 5000 IU vial	Abbokinase
J3365	124.64	K	Urokinase IV inj, 250,000 IU vial	Abbokinase
J9357		N	Valrubicin, intravesical, 200 mg	Valstar

J3370		N	vancomycin HCl inj, 500 mg	Vancocin
J3396	8.49	K	verteporfin inj, 0.1 mg	Visudyne
J9360		N	Vinblastine sulfate, 1 mg	Velstar (Velban-OBS)
J9370		N	Vincristine sulfate, 1 mg	generic only
J9375		B	Vincristine sulfate, 2 mg	(Oncovin-OBS)
J9380		B	Vincristine sulfate, 5 mg	
C9440	74.84	K	Vinorelbine tartrate, brand name, per 10 mg	Navelbine
J9390	52.78	K	Vinorelbine tartrate, per 10 mg	
J3420		N	vitamin B-12 cyanocobalamin inj, up to 1000 mcg	Rubramin-PC, etc
Q2022	0.83	K	VON WILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	Humate-P
J3465	4.55	K	voriconazole inj 10mg	Vfend
C9226	?	?	Ziconotide inj for intrathecal infusion, per 5mcg (new 10/05)	Prialt
J3485		N	ZIDOVUDINE INJ, 10 MG	Retrovir
J3486	19.28	G	Ziprasidone mesylate inj 10mg	Geodon
J3487	197.87	K	zoledronic acid inj, 1 mg	Zometa